

CALIFORNIA'S MEDICAL ASSISTANCE PROGRAM

ANNUAL STATISTICAL REPORT

CALENDAR YEAR 1999



MEDICAL CARE STATISTICS SECTION

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This report is for informational purposes only and does not purport to be, or attempt to give a legal interpretation of rules, regulations, and laws pertaining to the Medi-Cal Program.

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MEDI-CAL PROGRAM

CALENDAR YEAR 1999

This report presents statistical data on Medi-Cal program services, expenditures, and eligibles for Calendar Year 1999.

County Welfare Departments determine eligibility for all Medi-Cal eligibles with the exception of Supplemental Security Income/State Supplementary Payment (SSI/SSP) eligibles, who have their eligibility determined by the Social Security Administration.

Persons eligible for Medi-Cal are reported to the Medi-Cal Eligibility Data System (MEDS) by the County Welfare Departments, the State, and the Social Security Administration.

Payment data used in this report are based on the concept of month of payment rather than month of service. The difference can be best explained by pointing out that payments made in a given month can be for services rendered in one or more previous months.

It should be noted that expenditures in this report are based on paid claims computer tapes prepared by various entities that process Medi-Cal claims and do not represent official budget figures or accounting records. Audit recovery monies, Medicare premiums, refunds, and administrative expenses are not included in this report except when specifically noted.

This report does not account for drug rebates from contracts with manufacturers nor Disproportionate Share Hospital Payments.

**CALIFORNIA'S MEDICAL ASSISTANCE PROGRAM
ANNUAL STATISTICAL REPORT
CALENDAR YEAR 1999
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NOTE ON DATA PRESENTATION

Generally, the data in this report include the Medi-Cal Fee-For-Service Program, Medi-Cal beneficiaries in State Hospitals, and Medi-Cal beneficiaries covered under a capitation contract with Delta Dental Service.

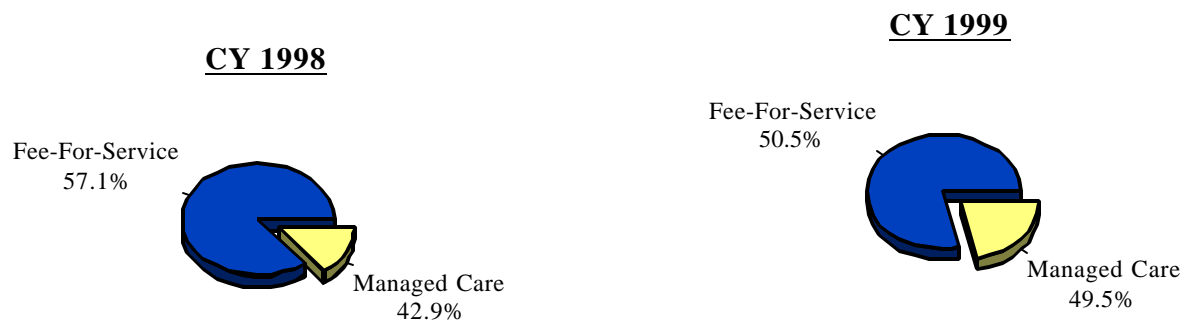
Data on Capitated Health Systems are excluded from a number of tables in this report. Capitated Health Systems receive a monthly capitation payment to provide services to enrollees, so cost figures for specific services are not available.

Capitated Health Systems data are included in Tables 1, 2, 14, 15, 28, and 29.

The Fee-For-Service data for Primary Care Case Management Plan beneficiaries are included in this report.

During Calendar Year 1999, those enrolled in comprehensive managed care plans comprised 49.5 percent of the total Medi-Cal population (compared to 42.9 percent during Calendar Year 1998). As used here, “comprehensive plans” means those plans that are capitated to provide more than a limited range of services, including Two Plan Models and GMC. Plans that provide only dental or mental health, for example, are not comprehensive plans. PCCMs are not comprehensive plans.

Use of any expenditure data series for comparison of trends over time is infeasible since the advent of the managed care because of a sharp decline in service reporting among new managed care plans.



The Combined fee-for-service and managed care populations are included in Tables 1 and 28, which reports on the eligible population. The majority of the remaining tables include only fee-for-service data. Tables 14 and 15 include only those enrolled in comprehensive managed care plans.

MEDI-CAL PROGRAM STATISTICAL SUMMARY

CALENDAR YEAR 1999

In 1999, a total of 5.0 million persons per month were eligible for Medi-Cal. This includes Fee-For-Service, County Organized Health Systems, and Health Care Plans. This represents an increase of 1.3 percent from 1998.

A total of \$899.2 million in prepaid capitations were received by County Organized Health Systems (an increase of 15.9 percent from 1998) to provide non-dental medical services for an average of 358,831 eligibles per month during 1998 (a decrease of 5.1 percent from 1997).

The 2,110,038 persons enrolled in Health Care Plans (HCPs) each month reflected a 19.3 percent increase from 1998. HCP capitation payments totaled \$2.20 billion which is a 30.3 percent increase from 1998.

The large increase in Capitated Health System eligibles is mainly due to Managed Care expansion. This increase to some extent contributed to the decrease in Public Assistance, Medically Needy, and Medically Indigent Fee-For-Service eligibles.

In the Fee-for-service system, there were 1.73 million persons who used Medi-Cal benefits each month in 1999. Provider payments for those users totaled \$10.4 billion which was 3.5 percent or \$352.51 million more than in 1998.

Compared to 1998, Fee-For-Service Medi-Cal users decreased 7.3 percent and the respective eligible population (2.53 million persons per month) reflected a 17.2 percent decrease.

There were 3.6 percent more users per 1,000 Fee-For-Service eligibles in 1999. The utilization rate was 68.3 percent compared to 65.9 percent for 1998.

The average cost per user was \$499.89 per month (up 11.6 percent from 1998) and the average cost per Fee-For-Service eligible was \$341.44 per month (up 15.6 percent from 1998).

Public Assistance eligibles, excluding Capitated Health System eligibles, averaged 1.50 million persons per month, a decrease of 17.6 percent from 1998. This aid group accounted for 59.1 percent of the Fee-For-Service eligible population, 64.5 percent of the users, and 55.4 percent of total provider payments (\$5.70 billion).

Medically Needy Fee-For-Service eligibles averaged 436,328 persons per month in 1999, a decrease of 8.8 percent from 1998. Medically Needy accounted for 17 percent of Fee-For-Service eligibles, 17.3 percent of users, and 31.6 percent of total provider payments (\$3.28 billion).

Medically Indigent Fee-For-Service eligibles averaged 104,918 persons per month, a 20.3 percent decrease from 1998. Medically Indigent accounted for 4.1 percent of Fee-For-Service eligibles, 3.7 percent of users, and 2.7 percent of total provider payments (\$278.21 million).

County and community hospital services accounted for 26.8 percent of 1999 provider payments. County hospitals received \$611.1 million. Community hospitals received \$2.04 billion.

Medi-Cal purchased Medicare Part A and Part B Supplemental Medical Insurance for an average of 771,243 Aged and Disabled eligibles each month in 1999. Monthly premiums averaged \$37.2 million.

Section 1

HIGHLIGHTS OF 1999 PROGRAM CHANGES

The following discusses the major changes in Medi-Cal and related programs during Calendar Year 1999.

Early Discharge Follow-up Visit OB, January 1999

Assembly Bill 1397, Statutes of 1998, required Medi-Cal to allow at least 48 hours of inpatient care after a normal vaginal delivery and 96 hours of inpatient care after a Caesarean section. The bill also provided an early discharge follow-up visit to the mother and newborn within 48 hours of discharge without having to receive prior authorization if the mother opts to not take the added inpatient days.

Drug & Alcohol EPSDT Supplemental Services, March 1999

Case management services and supplemental counseling sessions were added as benefits for children under 21 years of age who are being treated for alcohol or drug abuse. These services were added to meet the federal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program requirements set forth in the Omnibus Budget Reconciliation Act (OBRA) of 1989. Providers of these supplemental services will be limited to providers who are certified under the current Drug/Medi-Cal program to treat children under 21 years of age.

Healthy Families/Medi-Cal for Children Short Application Form, April 1999

Governor Gray Davis released a revised joint Healthy Families Program and Medi-Cal program application that is easier to use and has assisted greatly in increasing enrollments in both of the programs.

Elimination of Face to Face Interview, April 1999

Medi-Cal beneficiaries no longer have to go to the county welfare department at the time of their annual redetermination of eligibility. The forms can now be sent in through the mail and a face-to-face interview is no longer required.

Reconstructive Surgery, July 1999

Assembly Bill 1621 expanded the reconstructive surgery benefit in the Medi-Cal program by adding the justification “to create a normal appearance”. Previously, reconstructive surgery was only provided to improve function. Reconstructive surgery is now defined as surgery performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease, to do either of the following: 1) to improve function or 2) to create a normal appearance, to the extent possible.

Section 1931(b) Determinations

Based on the requirements of the Personal Responsibility and Work Opportunity and Reconciliation Act (PRWORA) of 1997, families applying for Medi-Cal must first have their eligibility determined under Social Security Act Section 1931 (b) requirements. Due to the need to provide adequate information and training regarding Section 1931(b) and to ensure that all persons discontinued from the public assistance program, California Work Opportunity and Responsibility to Kids (CalWORKs), have their ongoing eligibility determined accurately, persons discontinued from CalWORKs were held in aid code 38. Beginning in 1999, former CalWORKs recipients were transferred into the Section 1931(b) Program.

Anti-Fraud Initiative

The Department implemented the following anti-fraud measures:

The Medi-Cal Fraud Prevention Bureau - authorized by Senate Bill 708 and operational on October 1, 1999. Its purpose was to conduct onsite fraud-risk assessment surveys of Medi-Cal providers; those determined to be at high risk for committing fraud received an immediate follow-up review. If actual evidence of fraud was found, administrative sanctions were applied and/or a referral made for a criminal investigation.

Tightened Provider Enrollment Process - Assembly Bill 1107 allowed for all new providers in high fraud-risk categories to go through background checks and onsite review prior to their enrollment.

Increased Drop-In Activities - in September 1999 a new audit procedure was initiated to review providers with suspicious billing activity before they received their next Medi-Cal payment. If the review determined that they did not have actual business operations and/or were not providing the services billed, the next payment and all subsequent payments were withheld. Some were also temporarily suspended from the Medi-Cal program, pending the outcome of the criminal investigation.

New County Organized Health System (COHS), Monterey County, October 1999

The Central Coast Alliance for Health (CCAFH) formerly called Santa Cruz County Health Options, is a Medi-Cal County Organized Health System administered by the Santa Cruz-Monterey Managed Medical Care Commissions. The program provides health care on a managed care basis. Monterey County joined Santa Cruz in October 1999, when CCAFH adopted its current name.

Family Planning, Access, Care, and Treatment Initiative (Family PACT Waiver Program), December 1999

Family planning services were expanded under the new Family PACT Waiver Program to provide contraceptive services to more persons in need of such services who have incomes under 200% of the federal poverty level. Effective December 1, 1999, the federal government approved the Family PACT Waiver proposal as a Medicaid Section 1115 demonstration project. Family planning services costs are reimbursable by the federal government at a 90% federal financial participation rate.

Beverly v. Belshe Recoupment, September 1999

The Department recouped a net estimated amount of \$108,360,000 in fiscal year 1999-2000 as a result of the resolution of issues raised in *Beverly v. Belshe*, i.e. the appropriate Medi-Cal payment methodology for inpatient Medicare crossover claims.

This methodology was applied to claims retroactive to May 1994. The recoupment is for claims between May 1994 and June 1998.

Medi-Cal Payment Rate Increases

Anesthesia, Surgery, and Radiology Increases

Medi-Cal increased its rates of payment for anesthesia, surgery, and radiology by 10.5%. This action was taken to restore funding for these services to their pre-1992 levels. (In 1992, Senate Bill 485 reduced rates for these services by 9.5%.)

Cardiac Catheterization Rate Increase

Medi-Cal raised the rates of payment for cardiac catheterization to comply with current regulations.

California Children Services Provider Rate Increase

A 5% rate increase was granted for physician services provided to Medi-Cal children who are also eligible for California Children Services.

Increased Rates for Multiple Surgeries

Most third-party payers have special rules for computing payment for multiple surgical procedures performed on the same patient by the same surgeon during a single operative session. Medicare and most other third-party payers allow 100% of the rate for the first or primary surgical procedure and 50% for each subsequent procedure. Medi-Cal brought its payment methodology for multiple surgical procedures in line with Medicare and most other third-party payers.

Ambulance Rate Increase, August 1999

The Budget Act of 1999 contained an increase to ambulance rates of payment for the Medi-Cal program.

OB Anesthesia Rate Increase, August 1999

The Budget Act of 1999 required that beginning August 1, 1999, Medi-Cal payment for Obstetrical Anesthesia be increased by 21.8%.

Optometry Rate Increase, August 1999

The Budget Act of 1999 contains an increase for Optometry Services under Medi-Cal.

In-Home Nursing Waiver-Adult Increase, July 1999

Legislative action required the Department, beginning July 1, 1999 to increase the In-Home Nursing Service rates of payment for the waiver programs (adults). These services are provided by in-home nursing providers.

NOTES

The program, OBRA Aliens, has been renamed to MI/MN Not Qualified Aliens.

For additional information about managed care, please refer to our new report entitled “2000 Managed Care Annual Statistical Report”, available on the internet. The internet Home Page for Medical Care Statistics is <http://www.dhs.ca.gov/mcss> .

SECTION 2

MEDI-CAL ELIGIBLES AND USERS

MEDI-CAL ELIGIBLES, ALL PROGRAMS - TABLE 1

Total Medi-Cal eligibles (including Fee-For-Service, County Organized Health Systems, and Health Care Plans) averaged 5.02 million persons per month in 1999, an increase of 1.3 percent from 1998.

Enrollment of Medi-Cal eligibles in County Organized Health Systems (COHS) and Health Care Plans (HCPs) increased 16.9 percent in 1999, to a monthly average of 2,486,467 persons. For additional information, See Section 5, Medi-Cal Capitated Health Systems, page 34.

Fee-For-Service (FFS) Medi-Cal eligibles averaged 2.53 million persons per month, a decrease of 10.5 percent from 1998.

Public Assistance (PA) eligibles averaging 1.50 million persons per month in 1999, a decrease of 17.6 percent from 1998. PA eligibles accounted for 59.1 percent of all FFS eligibles.

Total Medically Needy (MN) eligibles averaged 436,328 persons monthly and increased 8.8 percent from 1998. MN eligibles accounted for 17.2 percent of all FFS eligibles.

Total Medically Indigent (MI) eligibles averaged 104,918 persons monthly and decreased 20.3 percent from 1998. MI eligibles accounted for 4.1 percent of all FFS eligibles.

The Immigration Reform and Control Act (IRCA) Aliens program expired December 31, 1994. IRCA is shown for 1998 and 1999 because claims continue to be paid due to the lag from time of service to time of payment.

The MI/MN Not Qualified Aliens formerly (OBRA) program averaged 201,020 eligibles per month in 1999, a decrease of 6.9 percent from 1998. MI/MN Aliens program eligibles accounted for 8.0 percent of all FFS eligibles.

The Refugee/Entrant programs averaged 1,190 persons monthly, a decrease of 18.4 percent from 1998. Refugee/Entrant program eligibles accounted for less than 0.1 percent of all FFS eligibles.

The 100 Percent Poverty, 133 Percent Poverty, 185 Percent Poverty (renamed Income Disregard), and the 200 Percent Poverty programs averaged 274,998 persons monthly, or 10.9 percent of all FFS eligibles.

Data for the Presumptive Eligibility for Pregnant Women program are not available.

The remaining programs (60-Day Postpartum, Dialysis, Total Parenteral Nutrition, Qualified Medicare Beneficiary, Medi-Cal Tuberculosis, and Minor Consent) averaged 16,828 persons per month, a decrease of 13.1 percent from 1998. These programs accounted for 0.7 percent of all FFS eligibles.

TABLE 1

MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY PROGRAM AND AID CATEGORY
CALENDAR YEARS 1998 AND 1999

(COHS, HCPs, AND FFS)

PROGRAM AND AID CATEGORY	CALENDAR YEAR 1998	CALENDAR YEAR 1999	CHANGE	
			Number	Percent
TOTAL	4,957,866	5,020,390	62,524	1.3
County Organized Health Systems (COHS)	358,831	376,429	17,598	4.9
Health Care Plans (HCPs)	1,768,096	2,110,038	341,942	19.3
Fee-For-Service (FFS)/1/	2,830,939	2,533,923	(297,016)	(10.5)
Public Assistance	1,819,782	1,498,638	(321,144)	(17.6)
Aged	319,629	322,340	2,711	0.8
Blind	22,116	22,224	108	0.5
Disabled	614,610	623,962	9,352	1.5
Families	863,426	530,112	(333,314)	(38.6)
Medically Needy	400,977	436,328	35,351	8.8
Aged	100,074	101,463	1,389	1.4
Blind	663	679	16	2.4
Disabled	50,858	51,419	561	1.1
Families	249,382	282,767	33,385	13.4
Medically Indigent	131,686	104,918	(26,768)	(20.3)
Adults	8,700	8,110	(590)	(6.8)
Children	122,986	96,808	(26,178)	(21.3)
IRCA Aliens	2	0	(2)	(100.0)
MI/MN Not Qualified Aliens	215,853	201,020	(14,833)	(6.9)
Refugee/Entrant	1,459	1,190	(269)	(18.4)
100 Percent Poverty	52,082	75,620	23,538	45.2
133 Percent Poverty	94,681	95,907	1,226	1.3
185 Percent Poverty (renamed Income Disregard)	94,157	102,647	8,490	9.0
Infant	40,106	39,285	(821)	(2.0)
Pregnant Woman	54,051	63,362	9,311	17.2
200 Percent Poverty	868	824	(44)	(5.1)
Infant	65	58	(7)	(10.8)
Pregnant Woman	803	766	(37)	(4.6)
60-Day Postpartum	1,572	1,315	(257)	(16.3)
Dialysis	34	41	7	20.6
Total Parenteral Nutrition	8	8	0	0.0
Qualified Medicare Beneficiary	4,737	5,502	765	16.1
Presumptive Eligibility for Pregnant Women	INA	0	INA	INA
Medi-Cal Tuberculosis Program	564	536	(28)	(5.0)
Minor Consent	12,460	9,426	(3,034)	NA

INA Information Not Available.

NA Not Applicable.

/1/ Excludes County Organized Health Systems and Health Care Plans.

Note: IRCA = Immigration Reform and Control Act; OBRA = Omnibus Budget Reconciliation Act.

The IRCA program expired December 31, 1994. IRCA is shown for 1998 and 1999 because claims continue to be paid due to the lag from time of service to time of payment.

Figures are rounded independently and may not add to totals.

Figures in parentheses () indicate negative numbers.

Source: State of California, Department of Health Services, Medi-Cal Certified CID Eligibles, Calendar Years 1998 and 1999; and MEDSSUM File dated April 2000. (Tables 14, 15, and 18.)

TOTAL ANNUAL PAYMENTS - TABLE 2

This is a companion to Table 1, showing payments by type of program. In this table, you will see Total Annual Medi-Cal payments, then a separate count of payments for County Organized Health Systems (COHS) and Health Care Plans (HCPs), followed by Fee-For-Service (FFS) by Program and Aid Category for 1998 and 1999.

Total Annual Medi-Cal payments (including Fee-For-Service, County Organized Health Systems, and Health Care Plans) averaged \$13.48 billion in 1999, an increase of 7.9 percent from 1998.

The County Organized Health System estimated capitation payments were \$899 million in 1999, a 15.9 percent increase from 1998.

Health Care Plan capitation payments were \$2.20 billion in 1999, compared to \$1.69 billion in 1998, an increase of 30.3 percent.

Capitated Health System payments (COHS and HCPs) are not included in the FFS breakdown.

Total Annual Medi-Cal FFS payments were \$10.38 billion in 1999, an increase of 3.5 percent from 1998.

Payments for persons in the Public Assistance (PA) group were \$5.70 billion, an increase of 2.5 percent from the \$5.56 billion in 1998. PA payments accounted for 54.9 percent of all FFS payments.

Over \$3 billion was paid for services provided to the Medically Needy (MN), up 5.7 percent from 1998. MN payments accounted for 31.6 percent of all FFS payments.

Total Medically Indigent (MI) payments were \$278 million, down 5.3 percent from the \$294 million in 1998. MI payments accounted for 2.7 percent of all FFS payments.

The Immigration Reform and Control Act (IRCA) Aliens program expired December 31, 1994. IRCA is shown for 1998 and 1999 because claims continue to be paid due to the lag from time of service to time of payment.

The MI/MN Not Qualified Aliens program payments were \$482 million, down 2.6 percent from the \$496 million the previous year. The OBRA Aliens program payments accounted for 4.7 percent of all FFS payments.

Payments for the Refugee/Entrant programs were \$5 million, down 18.1 percent from the \$9 million in 1998. Refugee/Entrant program payments accounted for 0.1 percent of all FFS payments.

The 100 Percent Poverty, 133 Percent Poverty, 185 Percent Poverty (renamed Income Disregard), and the 200 Percent Poverty programs accounted for \$436 million, a 12.5 percent increase from the \$359 million in 1998. These programs accounted for 4.2 percent of all FFS payments.

Total payments for the remaining groups (excluding Not Reported) were \$155.0 million in 1999, down 3.7 percent from the \$160.9 million in 1998. These payments accounted for 1.5 percent of all FFS payments.

TABLE 2

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY PROGRAM AND AID CATEGORY
CALENDAR YEARS 1998 AND 1999

(COHS, HCPs, AND FFS)

PROGRAM AND AID CATEGORY	CALENDAR YEAR 1998	CALENDAR YEAR 1999	CHANGE	
			Number	Percent
TOTAL	\$12,494,530,859	\$13,481,729,510	\$987,198,651	7.9
County Organized Health Systems (COHS)	\$775,616,140	\$899,162,222	\$123,546,082	15.9
Health Care Plans (HCPs)	\$1,689,188,776	\$2,200,332,163	\$511,143,387	30.3
Fee-For-Service (FFS)/1/	\$10,029,725,943	\$10,382,235,125	\$352,509,182	3.5
Public Assistance	5,560,078,818	5,700,102,662	140,023,844	2.5
Aged	924,605,176	997,434,936	72,829,760	7.9
Blind	124,242,906	135,990,471	11,747,565	9.5
Disabled	3,201,715,332	3,571,146,495	369,431,163	11.5
Families	1,309,515,405	995,530,760	(313,984,645)	(24.0)
Medically Needy	3,105,472,230	3,283,563,999	178,091,769	5.7
Aged	1,486,735,919	1,541,712,201	54,976,282	3.7
Blind	11,903,905	13,406,124	1,502,219	12.6
Disabled	1,076,706,820	1,123,039,931	46,333,111	4.3
Families	530,125,586	605,405,743	75,280,157	14.2
Medically Indigent	293,894,482	278,206,577	(15,687,905)	(5.3)
Adults	76,721,241	73,855,399	(2,865,842)	(3.7)
Children	217,173,240	204,351,178	(12,822,062)	(5.9)
IRCA Aliens	147,519	124,830	(22,689)	(15.4)
MI/MN Not Qualified Aliens	495,788,389	482,900,950	(12,887,439)	(2.6)
Refugee/Entrant	6,511,075	5,331,437	(1,179,638)	(18.1)
100 Percent Poverty	24,317,366	42,790,641	18,473,275	76.0
133 Percent Poverty	51,817,456	56,833,066	5,015,610	9.7
185 Percent Poverty (renamed Income Disregard)	282,042,964	336,576,185	54,533,221	19.3
Infant	59,852,542	65,983,842	6,131,300	10.2
Pregnant Woman	222,190,422	270,592,344	48,401,922	21.8
200 Percent Poverty	776,510	589,686	(186,824)	(24.1)
Infant	130,233	28,963	(101,270)	(77.8)
Pregnant Woman	646,278	560,723	(85,555)	(13.2)
60-Day Postpartum	2,773,633	2,665,763	(107,870)	(3.9)
Dialysis	168,458	211,984	43,526	25.8
Total Parenteral Nutrition	24,833	17,018	(7,815)	(31.5)
Qualified Medicare Beneficiary	41,944,581	16,823,400	(25,121,181)	(59.9)
Presumptive Eligibility for Pregnant Women	73,344,878	87,157,379	13,812,501	18.8
Medi-Cal Tuberculosis Program	387,329	351,487	(35,842)	(9.3)
Minor Consent	42,232,285	47,753,116	5,520,831	13.1
Not Reported	48,003,135	40,234,943	(7,768,192)	(16.2)

/1/ Excludes County Organized Health Systems and Health Care Plans.

Note: IRCA = Immigration Reform and Control Act; OBRA = Omnibus Budget Reconciliation Act.

The IRCA program expired December 31, 1994. IRCA is shown for 1998 and 1999 because claims continue to be paid due to the lag from time of service to time of payment.

Payments are rounded independently and may not add to totals.

Figures in parentheses () indicate negative numbers.

A large retroactive adjustment that was made on hospital inpatient crossover claims is not included in this data because the magnitude of the adjustment would skew the user and expenditure

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Report; Prepaid Health Plan Capitation Summaries; Rate Sheet for Managed Care Plans; and MEDSSUM File dated April 2000. (Tables 14, 15, and 20.)

MONTHLY MEDI-CAL ELIGIBLES - TABLE 3

An average of 2,533,923 persons were eligible each month for Medi-Cal fee-for-service benefits during 1999. Average monthly eligibles in the first half of the year ran about 123,113 or 5.0 percent higher than in the last half.

The Public Assistance (PA) program accounted for 59.1 percent of the total annual average eligibles. The PA eligibles averaged 111,523 more persons in the first half of the year than in the last half.

The Medically Needy (MN) program accounted for 17.2 percent of the total annual average eligibles. The average MN eligibles ran 16,570 persons higher in the last half of the year than in the first half.

The Medically Indigent (MI) program accounted for 4 percent of the total annual average eligibles. Eligible counts in the MI program peaked in March. The average MI eligible count was higher in the first half of the year than in the last half.

The Aliens and Refugee/Entrant programs combined accounted for 8 percent of the eligible population.

The 100 Percent Poverty, 133 Percent Poverty, 185 Percent Poverty (renamed Income Disregard), and 200 Percent Poverty programs combined accounted for 11 percent of the eligible population.

The 60-Day Postpartum program accounted for less than 0.1 percent of the eligible population.

The Qualified Medicare Beneficiary program accounted for 0.2 percent of the eligible population.

Data for the Presumptive Eligibility for Pregnant Women program are not available.

The Medi-Cal Tuberculosis program, Minor Consent, and All Other groups combined accounted for 0.4 percent of the eligible population.

Table 3

MEDI-CAL PROGRAM
MONTHLY ELIGIBLES BY PROGRAM
CALENDAR YEAR 1999

(FFS ONLY)

MONTH	TOTAL	PUBLIC ASSISTANCE	MEDICALLY NEEDY	MEDICALLY INDIGENT	IRCA ALIENS	MI/MN NOT QUALIFIED ALIENS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY
Annual Average 1999	2,533,923	1,498,638	436,328	104,918	0	201,020	1,190	75,620	95,907
Six-Month Average	2,595,479	1,554,400	428,043	112,361	0	216,858	1,262	70,961	95,524
January	2,602,342	1,590,522	405,766	112,663	0	217,037	1,300	66,302	94,509
February	2,601,875	1,577,128	412,943	113,352	0	220,122	1,247	68,184	94,583
March	2,633,620	1,567,857	441,841	116,882	0	222,290	1,290	70,919	96,450
April	2,606,384	1,548,431	441,149	114,643	0	218,809	1,263	71,149	94,989
May	2,576,699	1,530,336	434,641	110,207	0	214,169	1,253	73,370	95,845
June	2,551,953	1,512,123	431,916	106,419	0	208,720	1,218	75,843	96,768
Six-Month Average	2,472,366	1,442,877	444,613	97,476	0	185,183	1,118	80,279	96,291
July	2,514,757	1,481,943	430,932	102,108	0	201,415	1,177	78,206	97,880
August	2,492,259	1,462,817	436,829	99,683	0	191,809	1,091	79,122	97,430
September	2,482,958	1,450,990	444,379	99,045	0	184,301	1,082	80,482	97,426
October	2,451,113	1,428,798	441,980	96,001	2	178,517	1,105	81,427	96,751
November	2,447,672	1,422,844	450,212	93,930	0	175,760	1,141	81,969	95,766
December	2,445,439	1,409,872	463,344	94,086	0	179,296	1,112	80,465	92,491
MONTH		INCOME DISREGARD	200 PERCENT POVERTY	60-DAY POST-PARTUM	QMB	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TB PROGRAM	MINOR CONSENT	ALL OTHER/1/
Annual Average 1999		102,647	824	1,315	5,502	INA	536	9,426	49
Six-Month Average		98,084	845	1,398	5,323	INA	532	9,844	45
January		96,191	843	1,355	5,090	INA	515	10,205	41
February		96,180	848	1,374	5,331	INA	505	10,037	41
March		97,899	843	1,362	5,281	INA	521	10,142	43
April		97,847	844	1,486	5,375	INA	536	9,816	47
May		99,063	848	1,437	5,433	INA	552	9,498	47
June		101,321	846	1,376	5,426	INA	561	9,365	51
Six-Month Average		107,211	802	1,231	5,682	INA	541	9,009	53
July		103,645	849	1,373	5,523	INA	557	9,090	53
August		106,211	848	1,188	5,550	INA	552	9,068	55
September		107,911	843	1,150	5,640	INA	550	9,099	55
October		109,208	785	1,171	5,699	INA	528	9,088	53
November		108,703	777	1,279	5,798	INA	533	8,912	48
December		107,587	708	1,223	5,879	INA	527	8,796	53

INA Information Not Available.

/1/ Other includes Dialysis and Total Parenteral Nutrition.

Note: IRCA = Immigration Reform and Control Act; MI/MN = Medically Indigent/Medically Needy

The IRCA program expired December 31, 1994. IRCA is shown for 1999 because claims continue to be paid due to the lag from time of service to time of payment.

FFS = Fee-For-Service; QMB = Qualified Medicare Beneficiary; TB = Tuberculosis.

Averages are rounded independently and may not add to totals.

Source: State of California, Department of Health Services, Medi-Cal Certified CID Eligibles, Calendar Year 1999.

MONTHLY MEDI-CAL USERS - TABLE 4

An average of 1,730,768 persons received Medi-Cal program benefits each month in 1999. Monthly users averaged 30,231 more persons in the first half of the year than in the last half.

A monthly utilization rate can be computed from Tables 3 and 4. The utilization rate for the Total Fee-For-Service Program is 66 percent of eligibles receiving service each month.

The Public Assistance (PA) group, which accounted for 64.5 percent of the total annual average Medi-Cal users, had a utilization rate of 74 percent. There were an average of 39,585 more PA users in the first half of the year.

The Medically Needy (MN) group, which accounted for 17 percent of the total annual average users, had a utilization rate of 68 percent. There were an average of 16,975 less MN users in the first half of the year.

The Medically Indigent (MI) group, which accounted for 4 percent of the total annual average users, had a utilization rate of 60 percent. These users averaged 5,622 more MI users in the first half of the year.

The Aliens and Refugee/Entrant groups accounted for 4 percent of the total annual average users.

The 100 Percent Poverty, 133 Percent Poverty, 185 Percent Poverty (renamed Income Disregard), and the 200 Percent Poverty groups combined accounted for 7 percent of the total annual average users.

The 60-Day Postpartum, Qualified Medicare Beneficiary, Presumptive Eligibility for Pregnant Women, Medi-Cal Tuberculosis Program, Minor Consent, and All Other groups combined accounted for 4.2 percent of the total annual users.

Table 4

MEDI-CAL PROGRAM
MONTHLY USERS BY PROGRAM
CALENDAR YEAR 1999

(FFS ONLY)

MONTH	TOTAL	PUBLIC ASSISTANCE	MEDICALLY NEEDY	MEDICALLY INDIGENT	IRCA ALIENS	MI/MN NOT QUALIFIED ALIENS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY
Annual Average 1999	1,730,768	1,115,953	298,768	63,363	1	57,358	1,368	22,233	40,332
Six-Month Average	1,745,884	1,135,746	290,280	66,174	2	60,247	1,472	20,962	41,653
January	1,645,501	1,077,506	263,494	59,390	2	55,781	1,540	17,547	41,168
February	1,737,319	1,142,876	276,752	65,278	3	58,567	1,463	19,922	43,069
March	1,749,116	1,144,364	287,556	66,591	1	59,943	1,484	20,954	42,488
April	1,885,569	1,210,978	320,937	74,507	1	66,984	1,567	24,039	45,232
May	1,713,925	1,113,240	293,145	64,804	1	59,677	1,389	21,427	38,345
June	1,743,871	1,125,512	299,796	66,472	1	60,529	1,388	21,883	39,614
Six-Month Average	1,715,653	1,096,161	307,255	60,552	1	54,469	1,264	23,505	39,012
July	1,805,338	1,153,709	314,224	66,799	2	62,443	1,432	23,504	40,395
August	1,659,273	1,069,512	292,235	58,080	1	54,410	1,245	21,355	35,337
September	1,782,790	1,138,710	317,760	64,085	1	57,350	1,306	24,797	39,954
October	1,623,157	1,042,107	291,778	55,165	1	49,337	1,124	21,562	36,430
November	1,643,504	1,049,913	299,569	55,860	1	49,416	1,166	22,767	38,081
December	1,779,857	1,123,014	327,964	63,321	1	53,856	1,308	27,042	43,872
MONTH		INCOME DISREGARD	200 PERCENT POVERTY	60-DAY POST-PARTUM	QMB	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TB PROGRAM	MINOR CONSENT	ALL OTHER/1/
Annual Average 1999		58,296	113	993	8,016	50,362	148	7,602	5,864
Six- Month Average		56,418	111	1,054	9,064	47,860	157	7,450	7,236
January		54,493	104	979	9,037	42,416	155	6,842	15,047
February		56,084	109	1,011	8,758	44,778	179	7,443	11,027
March		55,976	108	1,059	8,788	47,061	137	7,337	5,269
April		61,711	112	1,255	9,938	55,645	167	8,402	4,094
May		53,931	120	958	8,681	47,045	155	7,141	3,866
June		56,315	112	1,060	9,179	50,213	150	7,537	4,110
Six-Month Average		60,173	115	932	6,968	52,864	138	7,754	4,493
July		60,110	129	1,156	10,402	57,204	168	7,825	5,836
August		55,081	113	874	9,428	50,286	129	7,347	3,840
September		61,297	140	863	7,413	55,453	141	8,512	5,008
October		57,590	110	790	5,112	49,593	124	7,768	4,566
November		59,766	94	869	4,454	50,248	127	7,407	3,766
December		67,194	103	1,037	5,000	54,398	141	7,662	3,944

/1/ Other includes Dialysis, Total Parenteral Nutrition, and Not Reported.

Note: IRCA = Immigration Reform and Control Act; MI/MN = Medically Indigent/Medically Needy.

The IRCA program expired December 31, 1994. IRCA is shown for 1999 because claims continue to be paid due to the lag from time of service to time of payment.

FFS = Fee-For-Service; QMB = Qualified Medicare Beneficiary; TB = Tuberculosis.

Averages are rounded independently and may not add to totals.

A large retroactive adjustment that was made on hospital inpatient crossover claims is not included in this data because the magnitude of the adjustment would skew the user and expenditure

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Report (Monthly - Control Totals) and Calendar Year Report.

MEDI-CAL UTILIZATION - TABLE 5

Comparing persons eligible during a period with claims paid (rather than services provided) in that period gives rather crude comparisons, but the more correct comparison would not generally result in significantly different utilization rates.

An average of 1,730,768 persons received Medi-Cal program benefits each month in 1999. This was 135,320 fewer monthly users than in 1998.

The total number of users per 1,000 eligibles increased 10.2 percent, from 659 in 1998 to 683 in 1999. The total number of users include the Presumptive Eligibility for Pregnant Women program, however, eligibles are not available. If these users are excluded, the overall utilization rate calculates to be 664 in 1999.

In 1999, the Public Assistance group, which accounted for 64.5 percent of total users, had a utilization rate of 74 percent. The Medically Needy group accounted for 17.3 percent of the total users.

The 1999 rates compared to the 1998 rates ran higher for each group except for the OBRA Aliens, 133 Percent Poverty, 200 Percent Poverty group.

Calendar Year 1998 data do not include users of health care services provided by County Organized Health Systems (COHS) or Health Care Plans (HCPs).

TABLE 5

MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS AND USERS PER 1,000 ELIGIBLES
BY PROGRAM AND AID CATEGORY
CALENDAR YEARS 1998 AND 1999

(FFS ONLY)

PROGRAM AND AID CATEGORY	CALENDAR YEAR 1998	CALENDAR YEAR 1999	USERS PER 1,000 ELIGIBLES		PERCENT CHANGE IN RATE
			1998	1999	
TOTAL	1,866,088	1,730,768	659	#DIV/0!	#DIV/0!
Public Assistance	1,249,720	1,115,953	687	#DIV/0!	#DIV/0!
Aged	214,671	219,319	672	#DIV/0!	#DIV/0!
Blind	15,830	16,091	716	#DIV/0!	#DIV/0!
Disabled	450,445	464,591	733	#DIV/0!	#DIV/0!
Families	568,775	415,952	659	#DIV/0!	#DIV/0!
Medically Needy	281,489	298,768	702	#DIV/0!	#DIV/0!
Aged	85,576	84,732	855	#DIV/0!	#DIV/0!
Blind	608	610	917	#DIV/0!	#DIV/0!
Disabled	47,866	47,379	941	#DIV/0!	#DIV/0!
Families	147,439	166,047	591	#DIV/0!	#DIV/0!
Medically Indigent	76,728	63,363	583	#DIV/0!	#DIV/0!
Adults	8,844	8,139	1,017	#DIV/0!	#DIV/0!
Children	67,884	55,224	552	#DIV/0!	#DIV/0!
IRCA Aliens	3	1	1500	NA	NA
MI/MN Not Qualified Aliens	62,578	57,358	290	#DIV/0!	#DIV/0!
Refugee/Entrant	1,689	1,368	1158	#DIV/0!	NA
100 Percent Poverty	14,106	22,233	271	#DIV/0!	#DIV/0!
133 Percent Poverty	39,686	40,332	419	#DIV/0!	#DIV/0!
185 Percent Poverty (renamed Income Disregard)	53,328	58,296	566	#DIV/0!	#DIV/0!
Infant	21,554	20,993	537	#DIV/0!	#DIV/0!
Pregnant Woman	31,774	37,303	588	#DIV/0!	#DIV/0!
200 Percent Poverty	142	113	164	#DIV/0!	#DIV/0!
Infant	36	27	554	#DIV/0!	#DIV/0!
Pregnant	106	86	132	#DIV/0!	#DIV/0!
60-Day Postpartum	1,155	993	735	#DIV/0!	#DIV/0!
Dialysis	20	23	588	#DIV/0!	NA
Total Parenteral Nutrition	3	3	375	#DIV/0!	NA
Qualified Medicare Beneficiary	19,805	8,016	4,181	#DIV/0!	#DIV/0!
Presumptive Eligibility for Pregnant Women	42,435	50,362	INA	INA	INA
Medi-Cal Tuberculosis Program	176	148	312	#DIV/0!	#DIV/0!
Minor Consent	7,259	7,602	583	#DIV/0!	#DIV/0!
Not Reported	15,767	5,839	NA	NA	NA

INA Information Not Available.

NA Not Applicable.

Claims processing time lags can distort utilization rates, especially for smaller groups of eligibles or groups whose numbers change considerably.

Note: FFS = Fee-For-Service; IRCA = Immigration Reform and Control Act; OBRA = Omnibus Budget Reconciliation Act.

The IRCA program expired December 31, 1994. IRCA is shown for 1998 and 1999 because claims continue to be paid due to the lag from service to time of payment.

Figures are rounded independently and may not add to totals.

Figures in parentheses () indicate negative numbers.

A large retroactive adjustment that was made on hospital inpatient crossover claims is not included in this data because the magnitude of the adjustment would skew the user and expenditure

SECTION 3
MEDI-CAL EXPENDITURES

PAYMENT PER ELIGIBLE
BY PROGRAM AND AID CATEGORY - TABLE 6

The average monthly payment per eligible was \$341.44 in 1999. This represents an increase of \$46.20 per eligible or 15.6 percent over the prior year. Payments include the Presumptive Eligibility for Pregnant Women program, however, eligibles are not available. If these payments are excluded, the overall cost per eligible calculates to be \$338.58.

Relative cost increases exceeding the overall 15.6 percent were experienced by the Public Assistance Families (up 23.8 percent); Medically Indigent Families (up 19.5 percent); 100 Percent Poverty (up 21.2 percent); and the Minor Consent Program (up 49.5 percent).

Public Assistance Families, which is a major expenditure group, had a relatively small increase in cost per eligible, up 23.8 percent to \$156.50 per month in 1999.

Calendar Year 1999 data do not include payments for health care services handled by County Organized Health Systems (COHS) or Health Care Plans (HCPs).

TABLE 6

MEDI-CAL PROGRAM
AVERAGE MONTHLY PAYMENT PER ELIGIBLE BY PROGRAM AND AID CATEGORY
CALENDAR YEARS 1998 AND 1999

(FFS ONLY)

PROGRAM AND AID CATEGORY	CALENDAR YEAR 1998	CALENDAR YEAR 1999	CHANGE	
			Number	Percent
TOTAL	295.24	341.44	46.20	15.6
Public Assistance	254.61	316.96	62.35	24.5
Aged	241.06	257.86	16.80	7.0
Blind	468.15	509.92	41.77	8.9
Disabled	434.11	476.94	42.83	9.9
Families	126.39	156.50	30.11	23.8
Medically Needy	645.40	627.12	(18.28)	(2.8)
Aged	1,238.03	1,266.23	28.20	2.3
Blind	1,496.22	1,645.33	149.11	10.0
Disabled	1,764.24	1,820.08	55.84	3.2
Families	177.15	178.42	1.27	0.7
Medically Indigent	185.98	220.97	34.99	18.8
Adults	734.88	758.89	24.01	3.3
Children	147.15	175.91	28.76	19.5
IRCA Aliens	6,147.00	10,403.00	4,256.00	69.2
MI/MN Not Qualified Aliens	191.41	200.19	8.78	4.6
Refugee/Entrant	371.89	373.35	1.46	0.4
100 Percent Poverty	38.91	47.16	8.25	21.2
133 Percent Poverty	45.61	49.38	3.77	8.3
185 Percent Poverty (renamed Income Disregard)	249.62	273.25	23.63	9.5
Infant	124.36	139.97	15.61	12.6
Pregnant Woman	342.56	355.88	13.32	3.9
200 Percent Poverty	74.55	59.64	(14.91)	(20.0)
Infant	166.97	41.62	(125.35)	(75.1)
Pregnant Woman	67.07	61.00	(6.07)	(9.1)
60-Day Postpartum	147.03	168.93	21.90	14.9
Dialysis	412.88	430.85	17.97	4.4
Total Parenteral Nutrition	258.63	177.27	(81.36)	(31.5)
Qualified Medicare Beneficiary	737.89	254.81	(483.08)	(65.5)
Presumptive Eligibility for Pregnant Women	INA	INA	INA	INA
Minor Consent	282.45	422.18	139.73	49.5
Medi-Cal Tuberculosis Program	57.23	54.65	(2.58)	(4.5)

INA Information Not Available.

NA Not Applicable.

Note: FFS = Fee-For-Service; IRCA = Immigration Reform and Control Act; OBRA = Omnibus Budget Reconciliation Act.

The IRCA program expired December 31, 1994. IRCA is shown for 1998 and 1999 because claims continue to be paid due to the lag from time of service to time of payment.

Figures are rounded independently and may not add to totals.

A large retroactive adjustment that was made on hospital inpatient crossover claims is not included in this data because the magnitude of the adjustment would skew the user and expenditure

Figures in parentheses () indicate negative numbers.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures
Month of Payment Calendar Year Reports.

PAYMENT PER USER
BY PROGRAM AND AID CATEGORY - [TABLE 7](#)

During 1999, the Medi-Cal program spent \$499.89 per month per user of service. This was \$52.00 or 11.6 percent more than in 1998.

The lowest monthly cost group was the 133 Percent Poverty beneficiary at \$117.43 per user, followed by the Presumptive Eligibility for Pregnant Women at \$144.22 per user.

Public Assistance, Aged, Blind, Disabled, and Families Medi-Cal payments showed increases from the previous year.

Costs per user in the MN Aged, Blind, and Disabled groups tend to be rather large. This is because a large number of persons in these groups are in a long-term care facility. The cost per Medically Needy user runs almost three times that of Public Assistance users.

Cost per user for Medically Indigent Adults and Children increased from the previous year.

The IRCA Aliens, MI/MN Not Qualified Aliens, Refugee/Entrant, 100 Percent Poverty, 133 Percent Poverty, 185 Percent Poverty (renamed Income Disregard), 200 Percent Poverty (Women), 60-Day Postpartum, Dialysis, Presumptive Eligibility for Pregnant Women, Medi-Cal Tuberculosis Program, Minor Consent and Not Reported showed increases.

The 200 Percent Poverty (Infant), Total Parenteral Nutrition, and Qualified Medicare Beneficiary program all showed decreases in the cost per user.

TABLE 7
MEDI-CAL PROGRAM
AVERAGE MONTHLY PAYMENT PER USER BY PROGRAM AND AID CATEGORY
CALENDAR YEARS 1998 AND 1999
(FFS ONLY)

PROGRAM AND AID CATEGORY	CALENDAR YEAR 1998	CALENDAR YEAR 1999	CHANGE	
			Number	Percent
TOTAL	\$447.89	\$499.89	52.00	11.6
Public Assistance	370.75	425.65	54.90	14.8
Aged	358.92	378.99	20.07	5.6
Blind	654.05	704.28	50.23	7.7
Disabled	592.32	640.55	48.23	8.1
Families	191.86	199.45	7.59	4.0
Medically Needy	919.36	915.86	(3.50)	(0.4)
Aged	1,447.78	1,516.26	68.48	4.7
Blind	1,631.57	1,831.44	199.87	12.3
Disabled	1,874.52	1,975.28	100.76	5.4
Families	299.63	303.83	4.20	1.4
Medically Indigent	319.20	365.89	46.69	14.6
Adults	722.91	756.19	33.28	4.6
Children	266.60	308.37	41.77	15.7
IRCA Aliens	4,097.75	10,403.00	6,305.25	153.9
MI/MN Not Qualified Aliens	660.23	701.59	41.36	6.3
Refugee/Entrant	321.25	324.77	3.52	1.1
100 Percent Poverty	143.66	160.39	16.73	11.6
133 Percent Poverty	108.81	117.43	8.62	7.9
185 Percent Poverty (renamed Income Disregard)	440.74	481.13	40.39	9.2
Infant	231.41	261.93	30.52	13.2
Pregnant Woman	582.74	604.49	21.75	3.7
200 Percent Poverty	455.70	434.88	(20.82)	(4.6)
Infant	301.47	89.41	(212.06)	(70.3)
Pregnant	508.08	543.33	35.25	6.9
60-Day Postpartum	200.12	223.71	23.59	11.8
Dialysis	701.91	768.04	66.13	9.4
Total Parenteral Nutrition	689.81	472.72	(217.09)	(31.5)
Qualified Medicare Beneficiary	176.49	174.89	(1.60)	(0.9)
Presumptive Eligibility for Pregnant Women	144.03	144.22	0.19	0.1
Medi-Cal Tuberculosis Program	183.39	197.91	14.52	7.9
Minor Consent	484.83	523.47	38.64	8.0
Not Reported	253.71	574.23	320.52	126.3

NA: Not Applicable.

Note: IRCA = Immigration Reform and Control Act; OBRA = Omnibus Budget Reconciliation Act.

The IRCA program expired December 31, 1994. IRCA is shown for 1998 and 1999

because claims continue to be paid due to the lag from time of service to time of payment.

A large retroactive adjustment that was made on hospital inpatient crossover claims is not included in this data because the magnitude of the adjustment would skew the user and expenditure.

Figures in parentheses () indicate negative numbers.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures
Month of Payment Calendar Year Reports.

COST PER SERVICE - TABLE 8

The most frequently used physician service is, of course, the outpatient visit. In 1999, the Medi-Cal average cost per physician outpatient visit was \$24.94. Outpatient visits include office, emergency room, home, and other outpatient situations.

Physicians' hospital inpatient visits averaged \$47.12 per visit. Visits for long-term care inpatients averaged \$29.94 per visit.

After outpatient visits, the second largest expenditure category of physician services is for inpatient hospital surgery. This service has the highest cost rate, \$392.67 per service in 1999.

The average cost per drug prescription was \$50.05 in 1999, an increase of 21.3 percent from the prior year.

The highest cost per service in the Medi-Cal program is, of course, for hospital inpatient care. The average cost per hospital inpatient day in 1999 was \$1,075.14 for Public Assistance Families and Medically Needy Families. Those groups accounted for 23.9 percent of total hospital inpatient expenditures in 1999 and were used in Table 8 so that most Medicare/Medi-Cal crossover data could be excluded. Costs include ancillaries as well as accommodations.

In 1999, the average cost per day of care was \$91.28 for nursing facilities and \$120.53 for intermediate care facilities-developmentally disabled.

TABLE 8

MEDI-CAL PROGRAM
AVERAGE COST PER SERVICE FOR SELECTED SERVICES
CALENDAR YEARS 1998 AND 1999

(FFS ONLY)

TYPE OF SERVICE	CALENDAR YEAR 1998	CALENDAR YEAR 1999	PERCENT CHANGE
Physicians Services/1/			
Outpatient Visits	\$ 23.20	\$ 24.94	7.5
Hospital Inpatient Visits	33.07	47.12	42.5
Critical Care Visits	92.65	96.74	4.4
Long-Term Care Visits	25.31	29.94	18.3
Ophthalmological Examinations	34.06	33.74	(0.9)
Inpatient Hospital Surgery	518.87	392.67	(24.3)
Outpatient Surgery	85.90	83.09	(3.3)
Psychiatry	27.89	16.30	(41.6)
Immunization and Injection	13.67	16.71	22.2
Drug Prescriptions	41.25	50.05	21.3
Hospital Inpatient Day/2/	1,040.66	1,075.14	3.3
Nursing Facility Day	86.97	91.28	5.0
Intermediate Care Facility-DD Day	116.07	120.53	3.8

/1/ Excludes Medicare/Medi-Cal crossover claims.

/2/ Reflects data for Public Assistance Families and Medically Needy Families only in order to exclude most Medicare/Medi-Cal crossover claims.

Note: FFS = Fee-For-Service.
Figures in parentheses () indicate negative numbers.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Reports.

PAYMENTS BY PROVIDER TYPE - TABLE 9

In 1999, provider payments averaged \$865.2 million per month, up \$29,375,765 million from the prior year's average.

Nursing Facilities received the largest share of the Medi-Cal provider payments. Monthly expenditures for these services increased 2.0 percent from the prior year to \$177.5 million per month.

Pharmacy was the second highest paid provider group. Their payments increased 17.5 percent from 1998 to \$26.7 million per month.

Community Hospitals received 170.4 million per month in 999, down 1.4 percent from the prior year.

Payments to County Hospitals averaged \$51.1 million per month during 1998, down 0.4 percent from the prior year.

All of the provider types showed an increase in 1999, except Physician, Optometrist, Chiropractor, Podiatrist, County Hospital, Community Hospital, Intermediate Care Facility-DD, Laboratory Facility, and Rehabilitation Facility, which showed decreases of 5.8, 16.2, 8.2, 12.1, 0.4, 1.4, 3.1, 15.4, and 2.0 percent respectively.

TABLE 9
MEDI-CAL PROGRAM
AVERAGE MONTHLY PAYMENT BY TYPE OF PROVIDER
CALENDAR YEARS 1998 AND 1999
(FFS ONLY)

TYPE OF PROVIDER	CALENDAR YEAR 1998	CALENDAR YEAR 1999	CHANGE	
			Number	Percent
TOTAL	\$835,810,495	\$865,186,260	\$29,375,765	3.5
Physician	70,945,695	66,859,748	(4,085,947)	(5.8)
Pharmacy	150,780,412	177,472,108	26,691,696	17.7
Dentist	47,281,330	47,495,165	213,835	0.5
Optometrist	2,607,535	2,186,247	(421,288)	(16.2)
Chiropractor	34,482	31,655	(2,827)	(8.2)
Podiatrist	1,892,335	1,662,890	(229,445)	(12.1)
County Hospital	51,140,974	50,922,566	(218,408)	(0.4)
Inpatient	44,582,774	43,885,042	(697,732)	(1.6)
Outpatient	6,558,200	7,037,524	479,324	7.3
Community Hospital	172,812,927	170,383,555	(2,429,372)	(1.4)
Inpatient	153,856,239	152,403,191	(1,453,048)	(0.9)
Outpatient	18,956,688	17,980,364	(976,324)	(5.2)
State Hospital	38,359,959	38,831,679	471,720	1.2
Nursing Facility	174,244,249	177,728,749	3,484,500	2.0
Intermediate Care Facility-DD	21,945,323	21,254,281	(691,042)	(3.1)
Home Health Agency	7,705,361	10,373,629	2,668,268	34.6
Laboratory Facility	13,938,612	11,794,934	(2,143,678)	(15.4)
Medical Transportation	6,979,577	7,269,180	289,603	4.1
Rehabilitation Facility	542,875	531,754	(11,121)	(2.0)
Organized Outpatient Clinic	23,983,854	23,985,352	1,498	0.0
All Other Providers	50,614,994	56,401,414	5,786,420	11.4

Note: FFS = Fee-For-Service.

Averages are rounded independently and may not add to totals.

Figures in parentheses () indicate negative numbers.

A large retroactive adjustment that was made on hospital inpatient crossover claims is not included in this data because the magnitude of the adjustment would skew the user and expenditure.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Reports.

COST PER ELIGIBLE BY PROVIDER TYPE - TABLE 10

The average monthly cost per eligible was \$341.44 in 1999.

Nursing Facilities was the largest expenditure category and had the highest cost per eligible per month at \$70.14 up 14.0 percent from 1998.

Pharmacies was the second largest expenditure category at \$70.04 per month, an increase of 31.5 percent from 1998.

Community Hospitals was the third largest expenditure category and its monthly cost per eligible of \$67.24 reflected an increase of 10.2 percent from 1998.

Payments to Physicians cost \$26.39 per eligible per month, a 5.3 percent increase from 1998.

County Hospitals was the fourth largest expenditure category and its monthly cost per eligible of \$20.10 reflected an increase of 11.2 percent from 1998.

TABLE 10

MEDI-CAL PROGRAM
AVERAGE MONTHLY COST PER ELIGIBLE BY TYPE OF PROVIDER
CALENDAR YEARS 1998 AND 1999

(FFS ONLY)

TYPE OF PROVIDER	CALENDAR YEAR 1998	CALENDAR YEAR 1999	PERCENT CHANGE
TOTAL	\$295.24	\$341.44	15.6
Physician	25.06	26.39	5.3
Pharmacy	53.26	70.04	31.5
Dentist	16.70	18.74	12.2
Optometrist	0.92	0.90	-2.2
Chiropractor	0.01	0.00	-100.0
Podiatrist	0.67	0.70	4.5
County Hospital	18.07	20.10	11.2
Inpatient	15.75	17.32	10.0
Outpatient	2.32	2.78	19.8
Community Hospital	61.04	67.24	10.2
Inpatient	54.35	60.15	10.7
Outpatient	6.70	7.10	6.0
State Hospital	13.55	15.32	13.1
Nursing Facility	61.55	70.14	14.0
Intermediate Care Facility-DD	7.75	8.39	8.3
Home Health Agency	2.72	4.09	50.4
Laboratory Facility	4.92	4.65	-5.5
Medical Transportation	2.47	2.87	16.2
Rehabilitation Facility	0.19	0.21	10.5
Organized Outpatient Clinic	8.47	9.47	11.8
All Other Providers	17.88	22.26	24.5

Note: FFS = Fee-For-Service.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Reports and Medi-Cal Certified CID Eligibles Calendar Year Reports. (Tables 3 and 9.)

COST PER USER BY PROVIDER TYPE - TABLE 11

In 1999, the average monthly cost per recipient was \$449.89.

Users of State Hospital services and County and Community Hospital Inpatient services were the most costly - of those three provider types, State Hospital services showed the highest cost per user at \$10,050.26 per month, up 4.4 percent from 1998; County Hospital Inpatient services showed the cost per user at \$5,398.36, up 2.4 percent from 1998; and Community Hospital Inpatient services showed the lowest cost per user at \$4,083.46, up 15.4 percent from 1998.

Home Health Agency showed the largest cost increase from a year ago, up 63.0 percent per recipient.

TABLE 11

MEDI-CAL PROGRAM
AVERAGE MONTHLY COST PER USER BY TYPE OF PROVIDER
CALENDAR YEARS 1998 AND 1999

(FFS ONLY)

TYPE OF PROVIDER	CALENDAR YEAR 1998	CALENDAR YEAR 1999	PERCENT CHANGE
TOTAL	\$447.89	\$449.89	0.4
Physician	104.05	119.91	15.2
Pharmacy	154.00	182.24	18.3
Dentist	178.43	179.70	0.7
Optometrist	59.37	59.94	1.0
Chiropractor	14.36	14.17	-1.3
Podiatrist	63.14	62.29	-1.3
County Hospital	785.18	803.14	2.3
Inpatient	5,272.01	5,398.36	2.4
Outpatient	111.12	122.37	10.1
Community Hospital	717.51	785.81	9.5
Inpatient	3,537.16	4,083.46	15.4
Outpatient	90.71	94.78	4.5
State Hospital	9,624.28	10,050.26	4.4
Nursing Facility	2,557.67	2,723.36	6.5
Intermediate Care Facility-DD	3,700.16	3,801.35	2.7
Home Health Agency	764.11	1,245.61	63.0
Laboratory Facility	84.20	82.26	-2.3
Medical Transportation	232.90	250.46	7.5
Rehabilitation Facility	116.90	115.62	-1.1
Organized Outpatient Clinic	136.22	137.63	1.0

Note: FFS = Fee-For-Service.

Source: State of California, Department of Health Services, Medi-Cal Services
and Expenditures Month of Payment Calendar Year Reports.

TOTAL MEDI-CAL PROGRAM EXPENDITURES - TABLE 12

Table 12 is the only table showing all types of Medi-Cal program expenditures. The following figures reflect actual budget item expenditures and, as such, are reported here by fiscal (budget) year rather than by calendar year.

Total Medi-Cal expenditures were \$18.80 billion for Fiscal Year (FY) 1998-99, an increase of 2.5 percent from FY 1997-98.

The \$10.53 billion in direct fee-for-service provider payments was an increase of 3.6 percent. These expenditures accounted for 56 percent of the total expenditures in FY 1998-99 and 55 percent in the FY 1997-98

Delta Dental (DD) is an at-risk fiscal intermediary providing authorization and payment for virtually all types of Medi-Cal dental services rendered. DD covers all Medi-Cal eligibles except those enrolled in HCPs providing dental care. In FY 1998-99, the approximate number of Medi-Cal eligibles covered by DD was 4.17 million persons per month. Capitation payments totaled \$688.8 million, an increase of 1.0 percent from FY 1997-98.

Managed Care capitations increased 34.6 percent to \$2.96 billion in FY 1998-99.

There were seven County Organized Health Systems (COHS) in effect during FY 1998-99. Monterey was effective for three months in 1999. Santa Barbara Health Initiative was effective September 1, 1983, Health Plan of San Mateo was effective December 1, 1987, Partnership HealthPlan of California (PHC) was effective May 1, 1994, Orange County Organized Health System (CalOPTIMA) was effective October 1, 1995, Santa Cruz County Health Options was effective January 1, 1996, and Partnership Healthplan of California (PHC) was effective May 1, 1994 and the plan expanded on March 1, 1998. Payments to COHS totaled \$706.8 million.

Expenditures for Early Periodic Screening Services decreased 48.1 percent to \$33.6 million in FY 1998-99. The program provides screening, diagnostic, and treatment services for all Medi-Cal eligibles under age 21.

The Short-Doyle/Medi-Cal program provides community mental health services to Medi-Cal program eligibles. The \$613.9 million expenditure in FY 1998-99 reflects an increase of 21.2 percent from the prior fiscal year.

Buy-In is the purchase of Medicare Part A and Part B medical insurance coverage by the Medi-Cal program for those eligibles who are entitled to the coverage. Expenditures for Medicare Part A and Part B Buy-In ran \$826.5 million in FY 1998-99.

Administration costs include various State departmental expenditures, payments for claims processing operations, and county administrative expenses. In FY 1998-99, these expenditures increased 13.0 percent from the prior fiscal year. Administration costs accounted for 5.2 percent of total expenditures in FY 1998-99 and 4.7 percent of total expenditures in 1997-98.

TABLE 12

TOTAL MEDI-CAL PROGRAM EXPENDITURES
BY TYPE OF EXPENDITURE AND SOURCE OF FUNDS
FISCAL YEARS 1997-98 AND 1998-99

TYPE OF EXPENDITURE	FISCAL YEAR		PERCENT CHANGE
	1997-98	1998-99	
TOTAL	\$18,335,763,200	\$18,797,631,600	2.5
Provider Payments, Fee-For-Service	10,162,771,100	10,525,885,300	3.6
Dental	682,311,400	688,816,600	1.0
Managed Care	2,200,695,900	2,961,445,100	34.6
Early Periodic Screening Services	64,689,300	33,577,300	(48.1)
Miscellaneous Non-Fee-For-Service	1,151,686,700	1,107,739,200	(3.8)
Short-Doyle/Medi-Cal	506,515,900	613,873,700	21.2
Medicare Buy-In	775,938,700	826,463,300	6.5
Audits and Lawsuits	11,296,000	20,053,500	77.5
Disproportionate Share Hospital (SB 855)	2,087,381,000	2,154,075,900	3.2
Recoveries	(166,305,300)	(134,298,300)	(19.2)
Administration	858,782,500	970,656,400	13.0

Note: Excludes Interim Payments charged to the General Fund Loan.

Figures in parentheses () indicate negative numbers.

Source: State of California, Department of Health Services, Medi-Cal Accounting Records.

SECTION 4

MEDI-CAL PROVIDER PARTICIPATION

MEDI-CAL PROVIDER PARTICIPATION – TABLE 13

Table 13 shows the total number of selected types of providers and their distribution by amount paid. The figures include out-of-state providers. Physicians include group practices which are counted as one provider. This understates the physician count, but it is not known how many physicians are practicing in a group.

A county distribution of selected types of providers is given in Table 23 and Table 24.

The majority of providers are in the \$1-\$599, \$600-\$9,999, and \$10,000-\$49,999 payment intervals. However, for Pharmacies, there were more providers in the \$100,000-\$999,999 payment interval.

The large number of total general hospitals and the large number who received less than \$10,000 each reflects the fact that out-of-state hospital billings are included in the data. Table 23 shows 884 hospitals received payment from Medi-Cal for either inpatient services, outpatient services, or both.

For intermediate care facilities for the developmentally disabled (DD), the largest paid amount interval was \$100,000-\$999,999.

For long term care facilities, the largest paid amount interval was \$1,000,000 and Over.

TABLE 13

MEDI-CAL PROGRAM
NUMBER OF PROVIDERS RECEIVING MEDI-CAL PROGRAM PAYMENTS
BY SELECTED TYPE OF PROVIDER AND AMOUNT PAID
CALENDAR YEAR 1999

SELECTED TYPE OF PROVIDER	TOTAL PROVIDERS	NUMBER OF PROVIDERS BY AMOUNT PAID					
		\$1- \$599	\$600- \$9,999	\$10,000- \$49,999	\$50,000- \$99,999	\$100,000- \$999,999	\$1,000,000 and Over
INPATIENT PROVIDERS							
ACUTE INPATIENT HOSPITALS	884	62	281	102	32	133	274
LONG TERM CARE FACILITIES	2,248	8	52	87	81	1,198	822
STATE DEVELOPMENTAL CENTERS	6	0	0	0	0	0	6
STATE HOSPITALS-MENTALLY DISORDERED	2	0	0	0	0	1	1
OUTPATIENT PROVIDERS							
ADULT DAY HEALTH CARE CENTERS	135	1	5	4	4	114	7
BIRTHING CENTERS	7	0	1	5	0	1	0
CERTIFIED HOSPICE SERVICE	153	2	27	29	21	68	6
CHRONIC DIALYSIS CLINIC	316	6	13	38	33	213	13
HOME HEALTH AGENCIES	563	52	153	127	54	120	57
LOCAL EDUCATION AGENCIES	398	4	76	132	85	97	4
ORGANIZED OUTPATIENT CLINICS	366	44	89	91	56	84	2
OUTPATIENT HEROIN DETOXIFICATION	27	2	15	8	1	1	0
OUTPATIENT HOSPITAL DEPARTMENTS	1,177	600	138	61	46	260	72
REHAB CLINICS	99	6	25	36	20	12	0
RURAL HEALTH CLINICS	535	16	21	38	63	333	64
SURGICAL CLINICS	167	26	51	66	14	10	0
OTHER PROVIDERS							
ACUPUNCTURISTS	733	136	384	179	25	9	0
ASSISTIVE DEVICE & SICK ROOM SUPPLY DEALERS	1,286	149	190	227	157	526	37
AUDIOLOGISTS	246	30	79	85	37	15	0
BLOOD BANKS	5	1	2	1	1	0	0
CHIROPRACTORS	397	280	112	5	0	0	0
CLINICAL LABS	575	121	150	98	40	124	42
DENTISTS	8,767	1,588	2,648	2,257	924	1,308	42
DISPENSING OPTICIANS/OPTICAL LAB	341	54	181	90	9	6	1
HEARING AID DISPENSERS	241	24	113	71	19	14	0
MEDICAL TRANSPORTATION - GROUND AND AIR	598	56	141	135	79	173	14
NURSE ANESTHETISTS	71	18	41	11	0	1	0
NURSE MIDWIVES	84	4	33	25	10	12	0
NURSE PRACTITIONERS - FAMILY AND PEDIATRIC (SOLO & GROUP)	40	9	15	12	2	2	0
OCCUPATIONAL THERAPISTS	31	11	16	3	1	0	0
OPTOMETRISTS (SOLO & GROUP)	1,904	349	895	552	80	28	0
ORTHOTISTS	47	11	11	13	2	9	1
PHARMACIES/PHARMACISTS	6,011	917	574	740	556	2,739	485
PHYSICAL THERAPISTS	125	73	37	15	0	0	0
PHYSICIANS (SOLO & GROUP)	23,901	6,292	9,104	5,359	1,502	1,571	73
PODIATRISTS	1,050	310	474	184	39	42	1
PORTABLE X-RAY	28	2	15	7	3	1	0
PROSTHETISTS	158	14	39	53	24	26	2
PSYCHOLOGISTS	804	553	169	61	11	10	0
SPEECH THERAPISTS	125	19	61	26	9	9	1

Note: Includes out-of-state providers. Physician group practices, Optometric group practices, and Nurse Practitioner Group Practices are counted as one provider.

Source: State of California, Department of Health Services, Medi-Cal Fee-For-Service and Delta Dental Paid Claims.

SECTION 5

MEDI-CAL CAPITATED HEALTH SYSTEMS

HEALTH CARE PLAN ENROLLMENT - TABLE 14

A Health Care Plan is an organized system which provides comprehensive health care services to an enrolled population.

Under Section 14200 et seq., of the Welfare and Institutions (W&I) Code, the Medi-Cal Program provides beneficiaries an opportunity to enroll in a managed care alternative to the Medi-Cal Fee-For-Service (FFS) system. Under this authority, the Department of Health Services contracts with Health Care Plans (HCPs) and pilot projects to provide comprehensive, managed care in specified areas of the State on a prepaid, at-risk basis. Under Federal Law, California's HCPs are the equivalent of Health Maintenance Organizations (HMOs).

HCPs are reimbursed at a per-person per-month FFS equivalent Medi-Cal cost.

Health Care Plan enrollees and payments shown in this report are obtained from the Worksheet for Capitation Payment (Initial Capitation Only, excluding supplemental adjustments, such as, any eligible on hold until certain issues have been resolved; AIDs Capitations; and new eligibles with enrollment beginning after the initial capitation).

An average of 2,110,038 Medi-Cal eligibles were enrolled in Health Care Plans (HCPs) each month of 1999. The enrollment increased 19.3 percent from the 1,768,096 persons enrolled in the prior year.

During 1999, \$2.20 billion in capitation payments were made to Health Care Plans by the Medi-Cal program. This was \$511.1 million (or 30.3 percent) more than was paid in the prior year.

Los Angeles County was the major county accounting for 1,009,974 of the 2,110,038 enrollees in 1999. Capitation payments were up \$39.5 million from the \$728.9 million paid by the Medi-Cal program during Calendar Year 1998. Los Angeles County enrollees accounted for 48 percent of the total enrollment and 46.2 percent of the total capitation payments.

San Diego County, with a monthly average of 167,285 enrollees in 1999, was the only other county with at least 8 percent of the total enrollment. Sacramento County capitation payments for enrollees accounted for \$187.5 million (up \$49.5 million from the prior year) or 8.5 percent of the total capitation payments.

In 1999, seventy-nine percent of all monthly HCP enrollees and seventy-six percent of the total capitation payments were distributed to Los Angeles County and the combined Counties of San Diego, Sacramento, Fresno, San Bernardino, and Alameda.

During 1999, Medi-Cal had contracts with HCPs in 17 counties.

TABLE 14

MEDI-CAL PROGRAM
AVERAGE MONTHLY PREPAID HEALTH PLAN ENROLLEES
AND TOTAL CAPITATION PAYMENTS BY COUNTY
CALENDAR YEAR 1999

(HCPs ONLY)

COUNTY	AVERAGE MONTHLY ENROLLEES	TOTAL CAPITATION PAYMENTS/1/
TOTAL	2,110,038	\$2,200,332,163
Alameda	106,101	121,670,048
Contra Costa	45,883	47,771,870
Fresno	123,332	120,725,444
Kern	74,415	76,870,265
Los Angeles	1,009,974	1,016,916,174
Marin	254	330,480
Riverside	84,228	86,320,887
Sacramento	152,072	187,530,011
San Bernardino	112,096	113,036,979
San Diego	167,285	162,985,067
San Francisco	36,691	59,300,088
San Joaquin	63,498	59,122,045
Santa Clara	68,189	82,899,969
Sonoma	699	700,997
Stanislaus	43,481	41,949,650
Tulare	21,756	22,127,548
Yolo	84	74,642

/1/ Does not show Medicare recovery, excess risk liability payments, adjustments for enrollees with AIDS, or retroactive capitation rate adjustments. For Fiscal Year 1999-2000, excess risk liability payments are not complete at this time.

Note: HCPs = Health Care Plans.

Figures are rounded independently and may not add to totals.

Source: State of California, Department of Health Services, Prepaid Health Plan Status Code 1 Reports and Prepaid Health Plan Capitation Summaries.

COUNTY ORGANIZED HEALTH SYSTEMS - TABLE 15

Organized Health Systems (COHS) are prepaid by the Medi-Cal program on a capitated at-risk basis. COHSs are responsible for providing authorization and payment for most non-dental Medi-Cal services rendered to Medi-Cal eligibles residing in their respective counties.

The County Organized Health System estimated eligibles and estimated payments shown in this report are obtained from the Rate Sheet for Managed Care Plans and the Medi-Cal Eligibility Data System Summary File.

County Organized Health Systems currently exist in seven counties (Monterey, Napa, Orange, San Mateo, Santa Barbara, Santa Cruz and Solano Counties).

An average of 376,429 Medi-Cal eligibles were enrolled in County Organized Health Systems (COHS) each month of 1999. The enrollment increased 5.0 percent from the average of 358,831 persons eligible each month in 1998.

During 1999, \$899.2 million in capitation payments were made to County Organized Health Systems by the Medi-Cal program. This was 123.5 million or 15.9 percent more than the \$775.6 million paid in 1998. This increase is due to the expansion of County Organized Health Systems.

The Santa Barbara Health Initiative (SBHI) was effective September 1, 1983. A total of \$96.2 million in capitation payments were made for an average of 39,655 monthly eligibles during 1999.

The Health Plan of San Mateo (HPSM) was effective December 1, 1987. A total of \$73.0 million in capitation payments were made for an average of 40,653 monthly eligibles during 1999.

The Partnership HealthPlan of California (PHC), which provides health care to Solano was effective May 1, 1994. A total of \$97.1 million in capitation payments were made for an average of 41,755 monthly eligibles during 1999.

The Partnership HealthPlan of California (PHC), which also provides health care to Napa County was effective March 1, 1998. A total of \$28.8 million in capitation payments were made for an average of 8,016 eligibles during 1999.

The Orange County Organized Health System (CalOPTIMA) was effective October 1, 1995. A total of \$531.9 million in capitation payments were made for an average of 217,634 monthly eligibles.

The Santa Cruz County Health Options (SCCHO) was effective January 1, 1996. A total of \$58.0 million in capitation payments were made for an average of 21,137 monthly eligibles during 1999.

The Monterey Health Plan was effective October 1, 1999, for three months. A total of \$14.2 million in capitation payments were made for an average of 7,579 monthly eligibles.

TABLE 15

MEDI-CAL PROGRAM
ESTIMATED AVERAGE MONTHLY COUNTY ORGANIZED HEALTH SYSTEMS
ELIGIBLES AND TOTAL CAPITATION PAYMENTS BY COUNTY
CALENDAR YEAR 1999
(COHS ONLY)

COUNTY	ESTIMATED AVERAGE MONTHLY ELIGIBLES	ESTIMATED TOTAL CAPITATION PAYMENTS
TOTAL	376,429	\$899,162,222
Monterey /1/	7,579	14,181,184
Napa	8,016	28,755,010
Orange	217,634	531,933,987
San Mateo	40,653	72,965,851
Santa Barbara	39,655	96,218,471
Santa Cruz	21,137	57,991,142
Solano	41,755	97,116,577

/1/ Effective for three months in CY 1999.

Note: COHS = County Organized Health Systems.

Figures may differ from previously published reports.

Capitation payments do not include excess risk liability payments, adjustments for enrollees with AIDS, or retroactive capitation rate adjustments made after April 2000. For Fiscal Year 1998-99, excess risk liability payments are not complete at this time.

Source: State of California, Department of Health Services, Rate Sheet for Managed Care Plans and MEDSSUM File dated April 2000.

ORANGE COUNTY ORGANIZED HEALTH SYSTEM (CalOPTIMA)

The Orange County Organized Health System (CalOPTIMA) is a Medi-Cal County Organized Health System, under contract to the State, which is designed to provide a more economical organization of health care resources on a case management basis.

All services authorized for Medi-Cal reimbursement will be provided through CalOPTIMA with the following exceptions: services authorized by the California Children's Services program for the diagnosis and treatment of the CCS eligible condition of a specific member; dental services, as defined in Table 22, CCR, Section 51059; Short-Doyle/Medi-Cal (SD/MD) and Medi-Cal fee-for-service mental health services, including psychiatric inpatient services and outpatient mental health services provided by mental health professionals; alcohol and drug treatment services available under the (SD/MD) program as defined in Title 22, CCR, Section 51341(a) and (c) and outpatient heroine detoxification as defined in Title 22, CCR, Section 51328; services rendered under the Adult Day Health Programs pursuant to Title 22, CCR, Section 54001; services rendered under the Multipurpose Senior Services Program pursuant to Chapter 5 (commencing with Section 9400) of Part I of Division 8.5 of the Welfare and Institutions code; or Home and Community Based Care waived services as defined in Title 22, CCR, Section 51176; Local Education Authority (LEA) services as described in Title 22, CCR, Section 51360 when provided pursuant to an Individual Education Plan (IEP) or Individual Family Services Plan (IFSP); LEA assessment services as described in Title 22, CCR, Section 51360(b)(1) for eligible students; services rendered in a state or federal hospital; laboratory services provided under the state Serum Alpha-feto Protein Testing Program administered by the Genetic Disease Branch of the Department of Health Services; fabrication of Optical Lenses; and Targeted Case Management Services as specified in Title 22, CCR, Section 51351.

CalOPTIMA

<u>Aid Group</u>	<u>Aid Code</u>	
Adult	81, 86, 87	
Aged	10, 14, 16, 17, 18	
Child	4A, 4C, 4K, 5K, 3, 4, 45, 82, 83	
Disabled	6A, 6C, 6N, 6P, 6R, 6V, 6W, 6X, 6Y, 20, 24, 26, 27, 28, 36, 60, 64, 65, 66, 67, 68	
Family	3A, 3C, 3P, 3R, 1, 2, 8, 30, 32, 33, 34, 35, 37, 38, 39, 40, 42, 54, 59	
	0A, 3E, 3G, 3H, 3L, 3M, 3N, 3U, 4F, 4G, 5X, 7X	
Long Term Care	13, 23, 63, 53	
Percent of Poverty	47, 72, 7A, 8P, 8R	

Estimated capitation payments do not include payments made to County Organized Health Systems for excess risk liability claims.

HEALTH PLAN OF SAN MATEO (HPSM)

The Health Plan of San Mateo (HPSM) is a Medi-Cal County Organized Health System, under contract to the State, which is designed to provide a more economical organization of health care resources on a case management basis.

All services authorized for Medi-Cal reimbursement will be provided through the Health Plan of San Mateo with the following exceptions: Services in any federal or state governmental hospital ("State hospital" does not mean county hospital); Services rendered under the California Children's Services (CCS) case management are not reimbursable under the State's Title XIX program; Child Health and Disabilities Prevention (CHDP) services which are those health care services for eligibles under 21 years of age, and provided in accordance with Title 17, California Code of Regulations (CCR), Section 6800, et seq.; Dental services, as defined in Title 22, CCR, Section 51059; Short-Doyle/Medi-Cal drug services; all Medi-Cal mental health services except Long term care services rendered by nursing and intermediate care facilities; services rendered under the Adult Day Health Programs pursuant to Title 22, CCR, Section 54001, et seq.; services rendered under the Multipurpose Senior Services Program pursuant to Chapter 5 (commencing with Section 9400) of Part 1 of Division 8.5 of the Welfare and Institutions Code; and Home or community-based care waived services.

OBRA/IRCA recipients in San Mateo County began receiving services through the Health Plan of San Mateo (HPSM), effective September 1, 1993.

Currently, all recipients with an identification number beginning with County Code 41 (San Mateo County) with the exceptions of aid codes 07, 7C, 44, 48, 49, 50, 69, 70, 74, 75, 79 and 80, who are eligible to receive medical benefits under Medi-Cal or as Medicare/Medi-Cal crossovers are served through the Health Plan of San Mateo

Aged:	10, 14, 16, 17, 18
Disabled:	20, 24, 26, 27, 28, 36, 60, 64, 65, 66, 67, 68, 6A, 6C
Family:	01, 02, 08, 30, 32, 33, 34, 35, 37, 38, 39, 3P, 3R, 40, 42, 54, 59, OA, 3A, 3C, 3G, 3H, 3L, 3M, 3N, 3U, 5X, 7X
Child:	03, 04, 45, 82, 83, 4C, 4K, 5K, 6X, 6Y
Adult:	81, 86, 87
Long Term Care:	13, 23, 53, 63
IRCA/OBRA:	55, 58, 5F, 5G, 5N
Percent of Poverty:	47, 72, 7A, 8P, 8R (Effective December 1, 1998)

Estimated capitation payments do not include payments made to County Organized Health Systems for AIDs and excess risk liability claims.

PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PHC)

The Partnership HealthPlan of California (PHC) is a Medi-Cal County Organized Health System, under contract to the State, which is designed to provide a more economical organization of health care resources on a case management basis for most Medi-Cal recipients residing in both Solano and Napa Counties.

Nearly all services authorized for Medi-Cal reimbursement will be provided through the Partnership HealthPlan of California with the following exceptions: Dental services, as defined in Title 22, California Code of Regulations (CCR), Section 51059 and 51307 and 51340.1; Short-Doyle/Medi-Cal mental health services as defined in Title 22, CCR, Section 51341. Short-Doyle Drug Medi-Cal Substance Abuse Services as defined by Title 22, CCR, Section 51341.1. Laboratory analysis and reporting under the State serum alpha-feto protein testing program administered by the Genetic Disease Branch of the State Department of Health Services; Services rendered under the Adult Day Health Programs pursuant to Title 22, CCR, Section 54001, et seq.; Services rendered under the Multipurpose Senior Services Program pursuant to Chapter 5 (commencing with Section 9400) of Part 1 of Division 8.5 of the Welfare and Institutions Code; or Home and community-based care waived services as described in Title 22, CCR, Section 51346; Local Education Authority (LEA) services described in Title 22, CCR, Section 51360 when provided pursuant to an Independent Education Plan (IEP) or Individual Family Services Plan (IFSP); LEA assessment services as described in Title 22, CCR, Section 51360 (b) (1) for eligible students; Services rendered in a State or federal hospital; fabrication of optical lenses; for Napa County Medi-Cal beneficiaries only, Specialty Mental Health Services. However, contractor is responsible for all mental health drugs. The plan expanded into Napa County on March 1, 1998, and also changed its name. What this all means is that mental health (Specialty Mental Health Services including psychiatric inpatient and outpatient services provided by psychologists, psychiatrists, or by Specialty Mental Health providers under the EPSDT program) is carved-out of the contract for NAPA beneficiaries only. But mental health services (Specialty Mental Health) is carved-in for Solano County beneficiaries.

Currently, all recipients with a Medi-Cal identification number beginning with County Code 48 (Solano County) and County Code 28 (Napa County) with the following Aid Codes receive medical services through the Partnership HealthPlan of California:

Aged:	10, 14, 16, 17, 18, 36
Disabled:	20, 24, 26, 27, 28, 60, 64, 65, 66, 67, 68, 6A, 6C, 6N, 6P, 6R, 6V, 6W, 6X, 6Y
Family:	01, 02, 08, 30, 32, 33, 34, 37, 38, 39, 3P, 3R, 40, 42, 54, 59, 0A, 3A, 3C, 3G, 3H, 3E, 3L, 3M, 3N, 3P, 3R, 3U, 4F, 4G, 5X, and 7X effective December 1, 1998.
Child:	03, 04, 45, 82, 83, 4A, 4C, 4K, and 5K
Adult:	81, 86, 87
Long Term Care:	13, 23, 53, 63
IRCA/OBRA:	55, 58, 5F, 5G, 5N
Percent of Poverty:	47, 72, 7A, 8P, 8R (Effective December 1, 1998)

Estimated capitation payments do not include payments made to County Organized Health Systems for excess risk liability claims.

CENTRAL COAST ALLIANCE FOR HEALTH (CCAFH)

The Central Coast Alliance for Health (CCAFH), formerly called Santa Cruz County Health Options, is a Medi-Cal County Organized Health System administered by the Santa Cruz – Monterey Managed Medical Care Commission, under direct contract with the State. The program provides health care on a managed care basis. Monterey County joined Santa Cruz in October 1999, when CCAFH adopted its current name.

All services within the scope of the Medi-Cal program are provided through CCAFH with the following exceptions: Services authorized by the California Children Services (CCS) program, for diagnosis and treatment of the CCS eligible condition of the specific member; dental services; mental health services, including psychiatric inpatient services and outpatient mental health services provided by mental health professionals; alcohol and drug treatment services available under the Short-Doyle/Medi-Cal program, and outpatient heroin detoxification; services rendered under the Adult Day Health Programs; services rendered under the Multipurpose Senior Services Program; home and community-based care waived services; Local Education Authority (LEA) services when provided pursuant to an Individual Education Plan or Individual Family Services Plan; LEA assessment services for eligible students; services rendered in a State or federal hospital; laboratory services provided under the State serum alpha-feto protein testing program administered by the Genetic Disease Branch of the Department of Health Services; optical lenses and services provided by the Prison Industries Authority State contract; and Targeted Case Management services.

CCAFH serves all Medi-Cal recipients and Medicare/Medi-Cal eligible recipients who have Medi-Cal Identification numbers with County Codes 27 (Monterey County) and 44 (Santa Cruz County) and eligibility under one of the following aid codes:

<u>Category</u>	<u>Aid Codes</u>
Adult	81, 86, 87
Aged	10, 14, 16, 17, 18
Child	03, 04, 45, 82, 83, 4A, 4C, 4K, 5K
Disabled	20, 24, 26, 27, 28, 60, 64, 65, 66, 67, 68, 6A, 6C, 6N, 6P, 6R, 6V, 6W, 6X, 6Y, 36
Family	01, 02, 08, 30, 32, 33, 34, 35, 37, 38, 39, 40, 42, 54, 59, 0A, 3A, 3C, 3P, 3R, 3E, 3G, 3H, 3L, 3M, 3N, 3P, 3R, 3U, 4F, 4G, 5X, and 7X
Long Term Care	13, 23, 53, 63
Percent of Poverty	47, 72, 7A, 8P, 8R

Capitation payments do not include payments made to County Organized Health Systems for excess risk liability claims.

SANTA BARBARA HEALTH INITIATIVE (SBHI)

The Santa Barbara Health Initiative (SBHI) is a Medi-Cal County Organized Health System administered by Santa Barbara Regional Health Authority under contract to the State. This program provides health care services on a case management basis.

All services authorized for Medi-Cal reimbursement are provided through the Santa Barbara Health Initiative with the following exceptions: Services in any federal or state governmental hospital; Services rendered under California Children's Services (CCS) case management and not reimbursable under the State's Title XIX program; Child Health and Disability Prevention (CHDP) services to eligibles under 21 years of age provided in accordance with the provisions of Title 17, California Code of Regulations (CCR), Section 6800, et seq.; Dental services, as defined in Title 22, CCR, Section 51059; Specialty Mental Health and Short-Doyle/Medi-Cal mental health services; Adult Day Health Care; Laboratory analysis and reporting under the State serum alpha-feto protein testing program administered by the Genetic Disease Branch of the State Department of Health Services; The facility or per diem charge component of services rendered to covered beneficiaries 21 to 64 years of age institutionalized in a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accredited facility designated by the United States Department of Health and Human Services (DHHS) as an Institution for the Mentally Disordered (IMD), except for covered beneficiaries who were receiving such services before turning 21 years of age and who may continue to require such services in which case coverage may be extended until the beneficiary's 22nd birthday; and the facility or per diem charge component of services rendered to covered beneficiaries 64 years of age and under, institutionalized in a non-JCAHO accredited facility designated by DHHS as an IMD.

- Specialty Mental Health Services including psychiatric inpatient services and outpatient mental health services provided by psychologists or psychiatrists, or by Specialty Mental Health Providers under the EPSDT program. However, as specified in Article V, Section F 2(g), or the Contract, the Authority is responsible for all mental health drugs.
- Short-Doyle Drug Medi-Cal Substance Abuse Services as defined in Title 22, CCR, Section 51341.1. However, outpatient heroin detoxification is a Covered Service under this Contract.

Currently, all recipients with an identification number beginning with County Code 42 (Santa Barbara County) with the exception of Aid Codes 07, 7C, 44, 48, 49, 51, 52, 55, 56, 57, 58, 69, 70, 74, 75, and 79 who are eligible to receive medical benefits under Medi-Cal or as Medicare/Medi-Cal crossovers are served through the Santa Barbara Health Initiative. (Medi-Cal Aid Codes are listed at the end of this report.)

Estimated capitation payments do not include payments made to County Organized Health Systems for excess risk liability claims.

SECTION 6

MEDICARE PART A AND PART B BUY-IN ACTIVITY

SECTION 6

MEDICARE PART A AND PART B BUY-IN ACTIVITY – TABLE 16

Medicare, a medical insurance program, and Medi-Cal, a medical assistance program, together work to pay the medical bills of certain needy and low-income persons. This Medi-Cal program purchases Medicare Part A and Part B Supplementary Medical Insurance (SMI) for program eligibles who are entitled to the coverage.

Table 16 is included to show the number of Medi-Cal eligibles who were also eligible for Medicare Part A and Part B SMI coverage and for whom Medi-Cal paid the enrollment premium (bought in for).

Part A SMI benefits include hospital inpatient services.

Medi-Cal paid the monthly Medicare Part A enrollment premium for an average of 100,766 persons (79,218 aged and 21,548 disabled). The monthly premium averaged \$56.2 million.

Part B SMI benefits include physicians' medical and surgical services, outpatient hospital services, outpatient physical therapy and speech pathology services, durable medical equipment, services from independent laboratories, ambulance services, home health care, and a number of other health services and supplies. In addition to paying the monthly enrollment premium for eligible persons, Medi-Cal can pay the annual deductible and the portion of covered medical costs that Medicare does not pay.

In 1999, Medi-Cal paid the Medicare Part B enrollment premium for an average of 456,200 aged persons each month. The monthly premium averaged \$22.3 million.

Medi-Cal paid the monthly Medicare Part B enrollment premium for 315,043 disabled persons with premiums averaging \$14.9 million per month. The Disabled category includes persons in the Disabled or Blind aid categories.

Table 16
MEDI-CAL PROGRAM
MEDICARE PART A AND PART B BUY-IN ACTIVITY:
AVERAGE MONTHLY NUMBER OF MEDI-CAL ELIGIBLES AND
AVERAGE MONTHLY PREMIUM PAYMENT
CALENDAR YEAR 1999

ELIGIBILITY CATEGORY	PART A		PART B	
	ELIGIBLES	PREMIUM	ELIGIBLES	PREMIUM
TOTAL	100,766	\$56,226,879	771,243	\$37,200,695
Aged	79,218	INA	456,200	22,320,417
Disabled	21,548	INA	315,043	14,880,278

INA: Information Not Available.

INA: Includes Part A.

Note: All Qualified Medicare Beneficiaries are included in Aged.

Figures are rounded independently and may not add to totals.

Source: State of California, Department of Health Services, Buy-In Reports.

SECTION 7
COUNTY DATA

SECTION 7

COUNTY DATA

[Table 17](#) shows the number of Medi-Cal eligibles, including Fee-For-Service (FFS), County Organized Health Systems (COHS), and Health Care Plans (HCPs), by age group and sex, in October 1999.

Males comprise 41 percent of the Medi-Cal eligibles. Most males (50 percent) are under age 21, 30 percent are of ages 21 to 64, and 34 percent are 65 and older.

Fifty-nine percent of eligibles are females. Most females are under age 21 (48 percent), 38 percent are of ages 21 to 64, and 14 percent are 65 and older.

[Table 18](#) shows the average monthly number of persons eligible for Medi-Cal in each county by program and aid category, excluding COHS and HCPs.

Los Angeles County accounted for 33 percent of the FFS eligibles.

[Table 19](#) reports average monthly number of users by program and aid category, excluding COHS and HCPs. Division of Table 19 by Table 18 will give proportion of eligibles using Medi-Cal services, or the utilization rate.

Los Angeles County accounted for 34 percent of the users. Its utilization rate of 70.6 percent was 2.3 percentage points higher than the statewide average of 68.3 percent.

[Table 20](#) is a companion to the two preceding tables. Cost per user can be obtained by dividing Table 20 by Table 19, while division by Table 18 gives cost per eligible.

Los Angeles County accounted for 37 percent of the statewide total expenditures. The County's annual cost per user was \$6,572. Los Angeles County's annual cost per eligible was \$4,641.

[Table 21](#) shows average monthly number of users by type of provider. Utilization rates for the various services can be obtained by dividing the number of users by the county total eligibles of Table 18.

For example, the statewide utilization rate for physician services was 68 percent, or 68 out of every 100 eligibles used this service each month. The Los Angeles County utilization rate for physician services was 26 percent.

[Table 22](#) is a companion to Table 21. Cost per user by type of provider can be derived from the two tables.

For example, Los Angeles County's annual cost per user of physician services was \$1,727.05, which was 5.4 percent higher than the statewide average of \$1,438.93.

It can be noted from Table 22 that physician services accounted for 7.7 percent of total expenditures statewide and 37.1 percent of expenditures in Los Angeles County. Such comparisons can be made for each type of provider.

[Table 23](#) shows the number of physicians and hospitals receiving payments from the Medi-Cal program during the April-June 1998 quarter. The hospitals are the general acute care facilities and exclude state hospitals. Primary care physicians are reported separately by type of primary care specialty. Any other specialty (e.g., psychiatry, pathology, etc.) is included in the "All Other" column.

The number of physicians is understated. Due to the billing procedures used in the Medi-Cal program, the number of physicians practicing in-groups is not known. Therefore, a group is counted as only one physician throughout this table.

Forty-four percent of the physicians billing the program were primary care physicians, 18.6 percent of the physicians were general practice/family practice physicians, 12.9 percent specialized in internal medicine, 7.3 percent specialized in obstetrics/gynecology, and 5.6 percent were pediatric specialists.

[Table 24](#) shows the county distribution of selected providers receiving Medi-Cal program payments. These are provider types whose total numbers are high enough to provide a functional county distribution for this table.

As would be expected, Los Angeles County, which is the most populous California County, has the largest proportion of providers. Alpine County had only 196 Medi-Cal eligibles and an estimated 1,170 county population in 1999. Other types of services may be obtained through providers in surrounding counties.

The most striking year-to-year change in provider growth was in outpatient clinics, which totaled 366 in 1999, down from 697 in 1998.

[Table 25](#) shows the population and Medi-Cal eligibles (including FFS, COHS, and HCPs) for each county.

Los Angeles County (the most populous California county) accounted for 28.8 percent of the population and 36.7 percent of the eligibles; followed by San Diego County accounting for 8.5 percent of the population and 6.1 percent of the eligibles; and Orange County accounting for 8.3 percent of the population and 4.8 percent of the eligibles.

[Table 26](#) shows the number of persons certified eligible for Medi-Cal (including FFS, COHS, and HCPs) by county and race/ethnicity in October 1999.

Of the 5,043,628 persons certified eligible for Medi-Cal in October 1999, 1,973,422 were Hispanic; 1,412,881 were White; 706,098 were Black; and 540,856 were of Other and Not Reported race/ethnicities.

In terms of percentages, 39.1 percent of the Medi-Cal eligibles were Hispanic, 28.0 percent White, 14.0 percent Black, 7.7 percent Asian/Pacific Islander, 0.4 percent American Indian/Alaskan Native, and 10.7 percent Not Reported/race ethnicities.

[Table 27](#) shows the number of providers by provider type and status. As of December 31, 1999, there were 80,145 providers with Active Status, 247,544 providers with Inactive Status, 154 providers with Pending Status, 3,763 providers with Deceased Status, 3 providers with Rejected Status, 2,159 providers with Suspended Status, 58,461 providers with Indirect Status, and 262 providers with Contract Status.

Please Note: The paid claims data on Tables 19-25 (Users and Payments) are limited for counties with Medi-Cal Managed Care populations due to the fact that not all covered services are reimbursed on a per claim basis.

TABLE 17
MEDI-CAL PROGRAM
PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE
TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)
TOTAL BOTH SEXES
OCTOBER 1999

(COHS, HCPs, AND FFS)

COUNTY	TOTAL ALL AGES	TOTAL UNDER 21 YEARS	SINGLE YEARS OF AGE									
			Under 1	1	2	3	4	5	6	7	8	9
STATEWIDE	5,043,628	2,789,719	185,909	170,146	164,496	168,308	171,864	171,683	161,409	157,550	154,654	148,453
Alameda	193,500	97,179	5,129	5,316	5,433	5,457	5,616	5,706	5,574	5,536	5,431	5,319
Alpine	187	104	7	10	4	3	9	3	1	7	3	5
Amador	2,477	1,232	82	70	64	75	66	62	66	62	67	63
Butte	39,664	20,831	1,075	1,102	1,056	1,124	1,139	1,171	1,093	1,121	1,113	1,176
Calaveras	4,957	2,518	120	105	117	124	118	128	118	109	139	133
Colusa	2,768	1,534	163	95	100	68	94	96	81	72	69	61
Contra Costa	86,997	44,747	2,899	2,631	2,491	2,594	2,594	2,571	2,475	2,445	2,481	2,466
Del Norte	6,194	3,194	180	166	172	160	166	163	170	159	179	167
El Dorado	10,276	5,140	382	300	267	295	276	261	260	263	251	261
Fresno	202,467	121,298	7,476	7,051	6,950	6,865	7,024	7,050	6,903	6,836	6,751	6,475
Glenn	4,908	2,842	190	169	164	155	154	173	159	146	143	125
Humboldt	21,781	10,474	676	587	535	536	546	565	535	527	546	583
Imperial	37,706	19,560	1,065	1,011	980	962	1,017	1,006	1,013	1,057	1,028	1,084
Inyo	2,336	1,128	97	67	57	63	59	65	50	65	53	60
Kern	134,444	78,815	5,345	4,831	4,608	4,773	4,689	4,989	4,403	4,497	4,402	4,130
Kings	20,832	12,480	1,000	805	754	766	731	690	687	643	670	616
Lake	12,645	5,865	295	292	281	318	322	328	307	310	339	353
Lassen	4,253	2,224	119	135	122	122	120	124	98	117	118	117
Los Angeles	1,880,651	1,079,677	66,358	67,396	67,018	68,916	70,334	69,478	65,519	63,685	61,842	58,084
Madera	25,560	15,126	1,181	1,075	1,009	936	905	935	834	768	803	773
Marin	11,165	4,527	412	294	244	267	267	263	233	228	206	199
Mariposa	1,877	1,004	50	49	45	48	37	51	61	50	56	54
Mendocino	15,559	7,937	552	443	406	456	449	461	372	378	411	441
Merced	52,014	31,107	1,658	1,800	1,730	1,749	1,840	1,813	1,815	1,708	1,687	1,707
Modoc	2,024	1,064	49	47	56	52	65	51	59	56	61	61
Mono	723	444	52	26	31	31	20	25	17	23	27	19
Monterey	47,135	26,534	2,657	1,780	1,636	1,594	1,688	1,596	1,472	1,347	1,280	1,307
Napa	8,667	4,156	381	276	231	257	295	252	194	190	204	211
Nevada	6,520	3,024	207	190	155	154	157	182	139	138	128	163
Orange	242,281	131,441	13,243	9,432	8,467	8,535	8,464	8,410	7,365	7,195	6,854	6,306

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

TOTAL BOTH SEXES

OCTOBER 1999

(COHS, HCPs, AND FFS)

COUNTY	TOTAL ALL AGES	TOTAL UNDER 21 YEARS	SINGLE YEARS OF AGE									
			Under 1	1	2	3	4	5	6	7	8	9
Placer	14,816	6,967	513	399	365	376	422	433	360	387	380	397
Plumas	2,579	1,197	57	46	50	63	61	87	58	56	62	67
Riverside	204,412	120,801	8,600	7,447	7,357	7,390	7,499	7,602	6,984	6,632	6,546	6,525
Sacramento	233,293	129,718	6,969	7,019	6,819	7,192	7,572	7,456	7,708	7,443	7,249	7,012
San Benito	5,170	2,884	298	213	178	179	181	174	142	137	120	128
San Bernardino	265,994	160,209	11,155	9,808	9,337	9,510	9,931	10,039	9,334	9,105	9,013	8,897
San Diego	308,533	164,506	10,534	8,998	9,046	9,558	10,153	10,473	9,624	9,508	9,482	9,113
San Francisco	106,344	35,006	2,272	1,969	1,897	1,885	1,899	1,957	1,872	1,821	1,754	1,747
San Joaquin	106,681	60,425	3,663	3,258	3,188	3,325	3,470	3,425	3,205	3,244	3,259	3,172
San Luis Obispo	21,310	10,759	842	669	552	613	633	607	559	521	583	558
San Mateo	42,149	18,599	2,090	1,492	1,213	1,133	1,089	1,128	1,002	974	896	793
Santa Barbara	44,825	25,239	2,462	1,997	1,545	1,568	1,541	1,560	1,416	1,331	1,323	1,271
Santa Clara	152,268	70,697	5,119	4,306	3,819	3,943	3,958	4,058	3,916	3,626	3,603	3,494
Santa Cruz	22,235	10,965	1,227	770	703	639	642	612	568	505	571	500
Shasta	31,646	15,720	903	843	801	836	854	811	816	815	841	840
Sierra	358	160	9	8	-	8	10	4	8	10	9	10
Siskiyou	8,159	3,955	198	193	175	199	198	180	183	193	202	226
Solano	42,368	22,651	1,656	1,307	1,283	1,352	1,317	1,308	1,291	1,261	1,243	1,237
Sonoma	33,829	15,722	1,396	998	858	892	888	849	811	802	743	791
Stanislaus	82,780	45,864	3,018	2,671	2,536	2,668	2,644	2,669	2,371	2,451	2,476	2,400
Sutter	13,173	6,954	504	430	414	381	384	433	367	382	377	411
Tehama	10,502	5,554	343	269	287	330	293	332	318	278	301	300
Trinity	2,217	1,047	44	46	39	52	46	48	53	51	65	60
Tulare	95,443	56,610	3,880	3,570	3,368	3,293	3,334	3,252	3,151	3,094	3,110	2,993
Tuolumne	6,287	3,094	183	168	150	155	152	178	144	139	165	169
Ventura	66,113	36,560	3,667	2,560	2,263	2,202	2,238	2,147	1,959	1,902	1,830	1,753
Yolo	21,672	11,646	741	665	610	656	683	683	649	650	604	574
Yuba	15,904	9,004	466	476	460	455	511	510	467	494	505	496

TABLE 17 (Continued)

MEDI-CAL PROGRAM
PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE
TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)
TOTAL BOTH SEXES
OCTOBER 1999
(COHS, PHPs, AND FFS)

COUNTY	SINGLE YEARS OF AGE										
	10	11	12	13	14	15	16	17	18	19	20
STATEWIDE	136,846	128,144	119,304	113,139	108,304	102,769	99,492	97,241	88,786	77,304	63,918
Alameda	5,040	4,851	4,423	4,030	3,906	3,879	3,774	3,635	3,529	3,208	2,387
Alpine	9	7	5	7	9	3	3	2	2	2	3
Amador	60	63	67	59	60	53	49	41	36	41	26
Butte	1,148	1,084	969	980	976	908	854	858	722	596	566
Calaveras	145	124	147	129	134	128	125	113	105	99	58
Colusa	62	72	73	57	58	62	55	67	54	41	34
Contra Costa	2,341	2,180	2,068	1,902	1,915	1,731	1,659	1,619	1,402	1,216	1,067
Del Norte	154	164	158	152	141	167	145	137	100	104	90
El Dorado	261	253	241	242	250	205	213	200	183	136	140
Fresno	6,035	5,734	5,594	5,310	4,982	4,763	4,656	4,513	4,212	3,455	2,663
Glenn	163	155	134	137	131	103	135	89	81	73	63
Humboldt	574	495	500	482	480	445	415	444	377	324	302
Imperial	1,016	957	948	874	903	913	890	898	768	620	550
Inyo	51	39	57	44	47	48	46	49	43	30	38
Kern	3,906	3,686	3,495	3,331	3,034	3,023	2,807	2,605	2,321	1,991	1,949
Kings	557	570	516	510	486	467	470	465	388	363	326
Lake	370	308	281	277	308	248	216	227	192	160	133
Lassen	118	102	116	93	98	93	91	94	82	75	70
Los Angeles	51,824	47,932	44,283	41,755	39,677	36,626	35,605	35,034	34,047	30,963	23,301
Madera	688	650	590	544	541	541	545	502	459	397	450
Marin	223	204	158	158	169	181	183	186	158	147	147
Mariposa	44	55	65	44	42	53	59	42	43	31	25
Mendocino	429	393	327	375	350	343	327	301	275	242	206
Merced	1,556	1,502	1,402	1,413	1,359	1,320	1,213	1,209	1,029	818	779
Modoc	55	54	70	60	60	48	39	48	32	19	22
Mono	22	15	22	19	10	19	13	15	17	8	13
Monterey	1,171	1,089	995	987	901	961	832	911	839	748	743
Napa	177	161	176	169	168	161	161	153	118	108	113
Nevada	157	143	147	149	129	132	127	124	105	94	104
Orange	5,673	5,207	4,749	4,494	4,368	4,267	4,283	4,180	3,815	3,264	2,870

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

TOTAL BOTH SEXES

OCTOBER 1999

(COHS, PHPs, AND FFS)

COUNTY	SINGLE YEARS OF AGE										
	10	11	12	13	14	15	16	17	18	19	20
Placer	332	331	318	289	298	272	253	285	202	186	169
Plumas	68	62	60	56	63	62	54	50	44	38	33
Riverside	6,094	5,589	5,143	4,979	4,656	4,339	4,282	3,981	3,512	3,088	2,556
Sacramento	6,793	6,574	6,093	5,861	5,694	5,379	5,132	4,979	4,381	3,277	3,116
San Benito	115	103	98	107	97	97	112	103	106	100	96
San Bernardino	8,368	7,800	7,224	6,734	6,303	5,913	5,466	5,276	4,221	3,423	3,352
San Diego	8,576	8,061	7,278	6,769	6,501	6,184	6,020	5,829	5,044	4,466	3,289
San Francisco	1,765	1,582	1,530	1,502	1,387	1,476	1,483	1,491	1,465	1,224	1,028
San Joaquin	3,142	2,958	2,947	2,737	2,715	2,631	2,394	2,423	2,098	1,690	1,481
San Luis Obispo	544	521	479	437	452	458	395	413	345	312	266
San Mateo	745	732	664	652	577	591	609	631	598	495	495
Santa Barbara	1,110	1,083	926	848	793	804	858	806	746	640	611
Santa Clara	3,103	3,214	2,885	2,818	2,896	2,963	2,956	2,950	2,614	2,357	2,099
Santa Cruz	473	454	453	414	391	385	361	388	306	328	275
Shasta	847	806	742	760	751	720	714	620	532	430	438
Sierra	12	7	13	7	6	8	3	10	12	4	2
Siskiyou	198	214	218	198	210	226	203	183	123	124	111
Solano	1,201	1,060	986	946	913	842	820	781	673	606	568
Sonoma	767	665	684	663	632	636	603	624	504	465	451
Stanislaus	2,280	2,206	2,112	2,089	1,964	1,873	1,803	1,750	1,452	1,275	1,156
Sutter	348	309	297	288	296	258	247	256	215	183	174
Tehama	279	284	267	271	240	241	224	226	180	156	135
Trinity	64	53	56	59	52	59	57	58	42	21	22
Tulare	2,706	2,592	2,464	2,374	2,304	2,206	2,195	2,043	1,868	1,465	1,348
Tuolumne	167	155	157	141	174	139	137	127	108	99	87
Ventura	1,621	1,462	1,414	1,368	1,344	1,207	1,275	1,378	1,164	950	856
Yolo	603	571	546	525	494	494	467	464	390	303	274
Yuba	496	447	474	464	409	415	379	355	307	226	192

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

TOTAL BOTH SEXES

OCTOBER 1999

(COHS, HCPs, AND FFS)

COUNTY	21 YEARS AND OVER	AGE GROUP IN YEARS									
		21-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 and Over
STATEWIDE	2,253,909	190,222	241,016	241,539	246,528	210,146	160,727	120,053	100,170	96,853	646,655
Alameda	96,321	7,161	9,623	9,691	10,252	9,136	7,530	5,718	4,353	3,876	28,981
Alpine	83	10	12	9	11	8	3	9	3	2	16
Amador	1,245	102	119	129	161	142	83	61	71	40	337
Butte	18,833	1,798	2,055	2,076	2,420	2,075	1,597	1,228	981	763	3,840
Calaveras	2,439	207	243	254	312	287	231	137	105	102	561
Colusa	1,234	132	137	128	113	89	63	73	55	67	377
Contra Costa	42,250	3,502	4,339	4,558	4,915	4,100	3,078	2,352	1,869	1,808	11,729
Del Norte	3,000	246	305	341	423	351	238	207	193	159	537
El Dorado	5,136	448	509	504	644	570	445	304	254	191	1,267
Fresno	81,169	8,446	9,926	10,022	9,799	7,826	5,868	4,439	3,600	3,279	17,964
Glenn	2,066	169	240	222	245	232	151	115	114	95	483
Humboldt	11,307	923	1,254	1,195	1,563	1,343	1,161	826	617	488	1,937
Imperial	18,146	1,411	1,572	1,837	1,896	1,673	1,312	909	712	793	6,031
Inyo	1,208	95	99	112	141	105	107	67	63	48	371
Kern	55,629	6,286	7,518	7,138	6,949	5,238	3,731	2,662	2,514	2,290	11,303
Kings	8,352	970	1,015	1,035	927	711	485	413	381	353	2,062
Lake	6,780	461	603	689	849	749	610	452	434	343	1,590
Lassen	2,029	190	241	238	267	204	151	130	92	92	424
Los Angeles	800,974	67,659	87,350	86,559	84,932	72,508	53,603	39,252	32,864	34,299	241,948
Madera	10,434	1,223	1,434	1,253	1,134	921	642	484	417	420	2,506
Marin	6,638	408	595	643	705	652	638	521	365	247	1,864
Mariposa	873	62	84	93	111	107	82	54	37	21	222
Mendocino	7,622	636	840	802	909	818	670	616	409	345	1,577
Merced	20,907	2,330	2,720	2,654	2,553	1,994	1,451	987	894	852	4,472
Modoc	960	79	92	126	113	84	70	56	40	46	254
Mono	279	31	46	33	34	26	22	16	7	16	48
Monterey	20,601	2,238	2,584	2,368	2,039	1,701	1,287	966	868	822	5,728
Napa	4,511	383	513	494	463	452	289	229	187	159	1,342
Nevada	3,496	263	326	316	399	378	312	248	179	112	963
Orange	110,840	7,871	10,796	10,687	10,247	9,130	7,752	6,050	4,990	4,897	38,420

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

TOTAL BOTH SEXES

OCTOBER 1999

(COHS, HCPs, AND FFS)

COUNTY	21 YEARS AND OVER	AGE GROUP IN YEARS									
		21-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 and Over
Placer	7,849	572	740	795	951	750	650	464	380	338	2,209
Plumas	1,382	104	118	114	144	162	132	104	87	63	354
Riverside	83,611	8,519	10,023	9,918	9,803	7,868	5,491	4,209	3,667	3,516	20,597
Sacramento	103,575	9,100	12,018	12,324	13,402	11,350	8,526	6,254	5,140	4,654	20,807
San Benito	2,286	317	310	269	254	157	101	85	71	62	660
San Bernardino	105,785	10,462	12,559	12,532	13,121	10,668	7,575	5,601	4,901	4,514	23,852
San Diego	144,027	10,619	14,645	14,981	16,402	14,275	10,800	7,750	6,400	5,961	42,194
San Francisco	71,338	2,347	3,369	4,003	5,191	5,812	5,374	4,436	3,569	3,861	33,376
San Joaquin	46,256	4,299	5,138	5,175	5,276	4,415	3,663	2,940	2,435	2,063	10,852
San Luis Obispo	10,551	844	1,147	1,159	1,339	1,134	900	644	484	393	2,507
San Mateo	23,550	1,515	1,869	1,777	1,709	1,480	1,255	1,018	869	1,023	11,035
Santa Barbara	19,586	1,919	2,325	2,263	2,245	1,864	1,465	1,046	842	787	4,830
Santa Clara	81,571	5,324	6,729	6,868	6,818	6,230	5,536	4,145	3,646	3,740	32,535
Santa Cruz	11,270	991	1,083	1,212	1,193	1,053	994	729	498	481	3,036
Shasta	15,926	1,405	1,705	1,814	2,073	1,816	1,337	1,028	905	664	3,179
Sierra	198	8	18	12	15	11	13	13	13	15	80
Siskiyou	4,204	295	346	381	535	497	380	292	265	224	989
Solano	19,717	1,947	2,352	2,319	2,339	1,883	1,299	896	716	661	5,305
Sonoma	18,107	1,311	1,751	1,799	2,135	1,949	1,653	1,295	963	743	4,508
Stanislaus	36,916	3,366	4,074	4,058	4,188	3,436	2,778	2,201	1,952	1,831	9,032
Sutter	6,219	516	686	739	676	551	399	306	290	285	1,771
Tehama	4,948	358	517	558	655	521	385	285	255	226	1,188
Trinity	1,170	62	77	99	171	131	127	94	76	70	263
Tulare	38,833	4,118	4,908	4,772	4,575	3,769	2,643	1,974	1,732	1,528	8,814
Tuolumne	3,193	242	306	339	452	367	264	202	164	131	726
Ventura	29,553	2,521	3,236	3,124	3,194	2,641	1,971	1,445	1,266	1,222	8,933
Yolo	10,026	808	1,051	1,111	1,225	1,045	775	598	492	455	2,466
Yuba	6,900	593	726	818	921	701	579	418	424	317	1,403

Note: COHS = County Organized Health Systems; HCPs = Health Care Plans; FFS = Fee-For-Service.

Source: State of California, Department of Health Services, MEDS Monthly Extract File (MEF), Run Date 04/24/2000.

TABLE 17 (Continued)

MEDI-CAL PROGRAM
PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE
TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)
FEMALES
OCTOBER 1999
(COHS, HCPs, AND FFS)

COUNTY	TOTAL ALL AGES	TOTAL UNDER 21 YEARS	SINGLE YEARS OF AGE									
			Under 1	1	2	3	4	5	6	7	8	9
STATEWIDE	2,952,104	1,406,979	91,011	83,368	80,414	82,735	84,290	83,837	78,537	77,447	76,293	72,685
Alameda	115,226	48,990	2,554	2,554	2,661	2,685	2,772	2,813	2,735	2,726	2,717	2,571
Alpine	106	56	5	5	2	2	6	0	1	5	2	3
Amador	1,526	634	42	37	31	43	35	29	30	25	31	36
Butte	22,464	10,266	483	535	523	556	570	584	515	552	520	558
Calaveras	2,791	1,185	50	44	47	54	59	55	55	42	70	71
Colusa	1,686	808	91	49	54	28	42	46	49	38	28	30
Contra Costa	52,117	22,687	1,418	1,288	1,196	1,276	1,263	1,269	1,242	1,191	1,203	1,229
Del Norte	3,521	1,633	92	94	81	73	80	88	90	74	83	100
El Dorado	6,053	2,582	182	148	116	137	118	126	138	131	122	132
Fresno	115,118	61,165	3,710	3,441	3,392	3,382	3,461	3,451	3,297	3,348	3,285	3,166
Glenn	2,863	1,448	94	82	84	85	74	87	77	63	67	65
Humboldt	12,361	5,218	315	284	266	239	255	272	258	248	267	271
Imperial	21,465	9,815	507	495	472	471	486	476	507	527	518	529
Inyo	1,394	571	49	37	26	25	32	26	27	25	21	27
Kern	77,529	39,942	2,640	2,393	2,267	2,354	2,370	2,439	2,122	2,165	2,162	1,978
Kings	11,974	6,278	481	380	382	364	348	341	337	307	320	310
Lake	7,221	2,918	147	150	141	152	161	139	151	145	171	171
Lassen	2,452	1,104	64	57	63	60	55	72	46	55	50	57
Los Angeles	1,111,116	543,833	32,669	33,148	32,708	34,001	34,511	33,991	31,968	31,427	30,679	28,495
Madera	14,558	7,675	542	516	480	443	432	473	393	395	395	395
Marin	6,673	2,299	202	150	105	146	137	136	110	104	98	93
Mariposa	1,072	492	24	23	14	26	17	30	29	23	28	30
Mendocino	9,015	3,993	269	213	189	225	230	230	180	175	212	223
Merced	29,772	15,652	805	853	848	859	923	874	876	837	848	830
Modoc	1,123	519	25	21	33	25	31	30	29	27	28	28
Mono	424	225	25	13	16	16	8	15	6	13	13	8
Monterey	28,067	13,602	1,283	806	801	789	818	774	713	684	630	661
Napa	5,144	2,088	209	143	101	114	135	119	88	96	100	95
Nevada	3,855	1,470	105	87	67	66	70	92	71	54	55	92
Orange	141,754	66,732	6,483	4,573	4,130	4,270	4,143	4,123	3,608	3,545	3,388	3,068

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

FEMALES

OCTOBER 1999

(COHS, HCPs, AND FFS)

COUNTY	TOTAL ALL AGES	TOTAL UNDER 21 YEARS	SINGLE YEARS OF AGE									
			Under 1	1	2	3	4	5	6	7	8	9
Placer	8,983	3,586	274	196	182	181	200	225	162	197	182	203
Plumas	1,490	590	28	24	20	27	31	46	21	28	32	37
Riverside	120,243	60,979	4,215	3,516	3,619	3,553	3,714	3,679	3,395	3,298	3,254	3,135
Sacramento	133,689	65,302	3,418	3,484	3,365	3,549	3,727	3,601	3,774	3,646	3,557	3,511
San Benito	3,117	1,473	147	103	91	93	86	88	60	60	57	65
San Bernardino	155,531	81,007	5,390	4,890	4,553	4,668	4,901	4,907	4,557	4,397	4,441	4,317
San Diego	180,802	82,459	5,159	4,414	4,454	4,794	4,925	5,071	4,620	4,697	4,576	4,408
San Francisco	59,346	17,643	1,112	936	928	939	926	955	915	885	861	846
San Joaquin	60,899	30,500	1,780	1,609	1,553	1,614	1,725	1,638	1,557	1,629	1,606	1,592
San Luis Obispo	12,545	5,318	385	336	266	297	273	274	273	249	295	272
San Mateo	25,699	9,454	1,004	747	575	571	529	523	471	491	422	373
Santa Barbara	26,165	12,881	1,234	999	764	749	730	764	672	672	645	623
Santa Clara	89,991	35,758	2,515	2,109	1,898	1,864	1,927	1,965	1,896	1,829	1,791	1,725
Santa Cruz	13,132	5,628	593	380	352	317	314	302	287	243	273	217
Shasta	18,098	7,811	438	396	389	393	392	396	406	377	425	385
Sierra	216	77	4	2	0	3	6	3	5	2	6	6
Siskiyou	4,621	1,992	83	89	84	92	89	99	87	89	101	122
Solano	25,515	11,384	792	647	649	611	685	633	611	614	619	577
Sonoma	20,129	8,031	671	513	420	426	425	426	401	397	360	391
Stanislaus	48,493	23,242	1,469	1,322	1,225	1,339	1,294	1,327	1,143	1,178	1,198	1,206
Sutter	7,730	3,516	244	206	208	198	203	212	176	179	184	198
Tehama	6,178	2,904	190	139	151	179	153	171	146	139	156	150
Trinity	1,236	525	27	19	20	25	29	24	24	25	34	29
Tulare	53,915	28,553	1,866	1,776	1,625	1,568	1,617	1,601	1,564	1,528	1,567	1,491
Tuolumne	3,728	1,552	79	86	77	75	80	89	57	73	79	71
Ventura	38,803	18,557	1,740	1,250	1,109	1,089	1,087	1,037	980	934	906	881
Yolo	12,387	5,823	367	330	292	316	331	327	311	313	293	310
Yuba	8,983	4,554	222	231	249	239	249	254	218	231	262	222

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

FEMALES

OCTOBER 1999

(COHS, HCPs, AND FFS)

COUNTY	SINGLE YEARS OF AGE										
	10	11	12	13	14	15	16	17	18	19	20
STATEWIDE	67,220	62,711	58,615	55,473	53,479	51,189	50,468	51,183	50,733	49,452	45,839
Alameda	2,410	2,400	2,216	1,985	1,918	1,927	1,934	1,858	1,952	1,955	1,647
Alpine	3	4	2	3	5	2	1	0	2	2	1
Amador	30	29	36	29	31	27	25	20	19	30	19
Butte	571	518	450	469	445	434	402	433	422	370	356
Calaveras	65	58	72	68	65	53	58	43	59	59	38
Colusa	32	36	40	30	33	28	36	29	34	28	27
Contra Costa	1,140	1,106	993	923	948	878	858	843	833	797	793
Del Norte	74	83	76	71	64	78	65	86	55	68	58
El Dorado	141	132	111	117	124	94	104	100	111	96	102
Fresno	2,965	2,799	2,732	2,643	2,493	2,366	2,394	2,358	2,374	2,216	1,892
Glenn	73	83	71	69	56	50	83	50	43	49	43
Humboldt	283	236	245	241	255	218	210	222	220	207	206
Imperial	524	466	467	429	428	444	418	479	419	400	353
Inyo	30	16	27	23	26	26	24	24	28	25	27
Kern	1,929	1,834	1,742	1,619	1,470	1,492	1,461	1,417	1,352	1,334	1,402
Kings	266	275	237	246	242	227	243	255	228	251	238
Lake	194	168	140	127	149	113	105	103	104	104	83
Lassen	59	45	49	42	52	47	42	45	52	46	46
Los Angeles	25,562	23,439	21,780	20,593	19,718	18,357	18,083	18,442	18,967	18,784	16,511
Madera	334	338	291	270	269	264	297	257	286	281	324
Marin	122	92	74	76	96	104	105	84	81	91	93
Mariposa	19	34	30	15	20	25	27	20	24	19	15
Mendocino	201	183	157	182	178	184	163	168	139	151	141
Merced	741	742	699	694	670	617	611	639	597	555	534
Modoc	24	23	35	25	22	22	23	23	19	11	15
Mono	10	9	11	8	5	10	7	7	13	3	9
Monterey	560	539	503	471	446	497	439	520	550	544	574
Napa	83	75	96	84	84	74	80	77	80	67	88
Nevada	72	70	77	68	55	62	67	63	53	53	71
Orange	2,794	2,560	2,340	2,204	2,138	2,102	2,236	2,305	2,308	2,279	2,135

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

FEMALES

OCTOBER 1999

(COHS, HCPs, AND FFS)

COUNTY	SINGLE YEARS OF AGE										
	10	11	12	13	14	15	16	17	18	19	20
Placer	168	166	151	147	151	139	128	158	125	131	120
Plumas	35	31	29	21	23	34	26	19	25	31	22
Riverside	3,013	2,740	2,554	2,406	2,283	2,153	2,127	2,136	2,060	2,149	1,980
Sacramento	3,266	3,148	2,950	2,847	2,810	2,689	2,609	2,596	2,482	2,134	2,139
San Benito	59	50	50	46	36	46	57	54	75	75	75
San Bernardino	4,136	3,814	3,584	3,308	3,119	2,886	2,769	2,773	2,559	2,466	2,572
San Diego	4,205	3,940	3,546	3,319	3,178	3,059	2,986	3,036	2,854	2,744	2,474
San Francisco	892	783	754	715	696	773	772	804	781	708	662
San Joaquin	1,584	1,433	1,431	1,342	1,350	1,350	1,157	1,250	1,163	1,098	1,039
San Luis Obispo	251	270	229	188	232	222	207	199	203	198	199
San Mateo	374	368	316	332	282	297	318	356	385	351	369
Santa Barbara	534	527	450	431	387	417	444	450	469	453	467
Santa Clara	1,479	1,520	1,422	1,396	1,404	1,484	1,477	1,566	1,518	1,501	1,472
Santa Cruz	245	218	235	193	189	195	189	227	197	244	218
Shasta	414	390	359	369	368	361	348	316	302	269	318
Sierra	2	3	6	4	4	3	2	7	6	2	1
Siskiyou	95	112	107	100	108	112	104	94	70	81	74
Solano	532	531	486	473	459	423	424	376	385	430	427
Sonoma	373	335	337	332	292	301	289	334	317	337	354
Stanislaus	1,118	1,103	1,048	1,018	968	935	921	915	849	869	797
Sutter	167	149	152	121	146	123	124	139	128	132	127
Tehama	141	148	125	131	126	127	103	132	101	111	85
Trinity	33	27	26	34	19	20	23	29	25	17	16
Tulare	1,361	1,242	1,149	1,162	1,145	1,115	1,102	1,037	1,085	981	971
Tuolumne	89	76	77	69	82	75	72	57	64	62	63
Ventura	796	717	721	674	648	586	673	744	689	658	638
Yolo	291	258	264	248	262	238	233	230	214	205	190
Yuba	256	220	258	223	207	204	183	179	178	140	129

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

FEMALES

OCTOBER 1999

(COHS, HCPs, AND FFS)

COUNTY	21 YEARS AND OVER	AGE GROUP IN YEARS									
		21-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 and Over
STATEWIDE	1,545,125	156,924	193,320	181,169	172,768	136,305	95,876	69,281	57,581	57,653	424,248
Alameda	66,236	6,102	7,926	7,394	7,224	5,893	4,402	3,175	2,464	2,296	19,360
Alpine	50	7	6	6	3	5	1	7	2	2	11
Amador	892	87	89	90	122	93	57	36	40	25	253
Butte	12,198	1,297	1,463	1,410	1,549	1,236	907	718	529	447	2,642
Calaveras	1,606	151	163	167	221	181	138	76	54	58	397
Colusa	878	111	113	110	81	67	42	38	40	36	240
Contra Costa	29,430	2,857	3,361	3,340	3,399	2,661	1,794	1,395	1,135	1,175	8,313
Del Norte	1,888	182	203	232	254	223	121	118	115	103	337
El Dorado	3,471	341	381	372	435	352	242	152	146	116	934
Fresno	53,953	6,620	7,369	7,034	6,573	4,867	3,431	2,606	2,049	1,891	11,513
Glenn	1,415	136	189	161	174	148	94	65	63	60	325
Humboldt	7,143	690	863	839	984	756	605	451	342	281	1,332
Imperial	11,650	1,071	1,176	1,359	1,340	1,150	795	527	393	401	3,438
Inyo	823	82	76	70	108	65	54	31	38	29	270
Kern	37,587	4,793	5,576	5,057	4,725	3,355	2,272	1,609	1,529	1,364	7,307
Kings	5,696	762	757	741	639	468	293	262	230	211	1,333
Lake	4,303	330	431	475	543	431	358	237	242	194	1,062
Lassen	1,348	142	180	156	183	136	89	76	54	52	280
Los Angeles	567,283	58,046	74,343	69,029	62,947	49,492	33,343	23,156	19,108	20,499	157,320
Madera	6,883	951	1,013	854	757	592	392	278	243	228	1,575
Marin	4,374	333	458	450	451	385	359	291	188	147	1,312
Mariposa	580	50	63	69	81	66	47	30	21	12	141
Mendocino	5,022	474	629	545	618	499	394	341	237	194	1,091
Merced	14,120	1,832	2,049	1,869	1,745	1,298	873	578	506	504	2,866
Modoc	604	59	67	84	70	53	42	21	21	21	166
Mono	199	26	35	26	27	19	19	6	5	7	29
Monterey	14,465	1,865	2,121	1,831	1,471	1,129	784	564	521	481	3,698
Napa	3,056	295	403	355	310	289	165	121	110	97	911
Nevada	2,385	211	226	247	277	232	179	128	104	63	718
Orange	75,022	6,651	8,767	8,055	7,059	5,847	4,569	3,306	2,785	2,891	25,092

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

FEMALES

OCTOBER 1999

(COHS, HCPs, AND FFS)

COUNTY	21 YEARS AND OVER	AGE GROUP IN YEARS									
		21-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 and Over
Placer	5,397	458	552	563	659	461	370	270	237	216	1,611
Plumas	900	82	84	85	98	104	74	60	51	34	228
Riverside	59,264	7,087	8,069	7,574	7,052	5,289	3,408	2,586	2,174	2,127	13,898
Sacramento	68,387	7,234	9,151	8,587	8,808	6,955	4,845	3,524	2,906	2,817	13,560
San Benito	1,644	262	235	212	187	112	63	50	46	33	444
San Bernardino	74,524	8,544	10,009	9,367	9,332	7,063	4,757	3,424	2,936	2,762	16,330
San Diego	98,343	8,759	11,612	10,961	11,351	9,262	6,456	4,564	3,727	3,632	28,019
San Francisco	41,703	1,900	2,548	2,580	2,837	2,906	2,456	2,000	1,647	2,085	20,744
San Joaquin	30,399	3,347	3,810	3,667	3,574	2,758	2,099	1,725	1,377	1,156	6,886
San Luis Obispo	7,227	670	872	801	879	731	536	370	299	239	1,830
San Mateo	16,245	1,259	1,563	1,357	1,162	890	725	567	521	653	7,548
Santa Barbara	13,284	1,597	1,793	1,644	1,520	1,127	838	592	473	448	3,252
Santa Clara	54,233	4,464	5,374	5,047	4,714	3,955	3,249	2,265	2,025	2,304	20,836
Santa Cruz	7,504	825	844	845	773	666	535	395	263	275	2,083
Shasta	10,287	994	1,165	1,190	1,345	1,067	747	604	530	403	2,242
Sierra	139	7	14	10	12	5	9	9	6	9	58
Siskiyou	2,629	217	232	259	350	284	204	157	138	119	669
Solano	14,131	1,570	1,882	1,727	1,677	1,248	813	574	449	445	3,746
Sonoma	12,098	1,045	1,354	1,288	1,381	1,161	899	725	534	455	3,256
Stanislaus	25,251	2,697	3,135	2,928	2,865	2,249	1,712	1,326	1,200	1,095	6,044
Sutter	4,214	409	514	533	458	340	242	179	181	175	1,183
Tehama	3,274	253	389	367	437	324	232	165	140	145	822
Trinity	711	46	58	68	112	73	64	45	33	34	178
Tulare	25,362	3,245	3,542	3,266	2,964	2,311	1,547	1,143	979	845	5,520
Tuolumne	2,176	196	216	236	300	237	168	115	96	82	530
Ventura	20,246	2,101	2,494	2,241	2,147	1,693	1,179	860	779	745	6,007
Yolo	6,564	646	793	801	808	617	450	345	281	265	1,558
Yuba	4,429	456	520	538	596	429	338	243	239	170	900

Note: COHS = County Organized Health Systems; HCPs = Health Care Plans; FFS = Fee-For-Service.

Source: State of California, Department of Health Services, MEDS Monthly Extract File (MEF), Run Date 04/24/2000.

TABLE 18

MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 1999
(FFS ONLY)

COUNTY	TOTAL	PUBLIC ASSISTANCE					MEDICALLY NEEDY				
		Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
STATEWIDE	2,533,923	1,498,638	322,340	22,224	623,962	530,112	436,328	101,463	679	51,419	282,767
Alameda	85,556	57,490	14,947	1,074	31,040	10,429	12,833	6,580	33	2,881	3,339
Alpine	196	122	12	1	17	92	57	0	0	5	52
Amador	2,575	1,447	143	10	432	863	880	131	0	50	699
Butte	40,615	27,571	1,734	253	7,776	17,808	8,946	1,076	10	562	7,298
Calaveras	4,992	3,236	291	25	840	2,080	1,317	145	2	70	1,100
Colusa	3,194	1,213	202	16	347	648	1,061	88	1	41	931
Contra Costa	40,937	26,073	5,734	509	14,417	5,413	7,624	2,738	15	1,249	3,621
Del Norte	6,307	4,559	261	31	1,474	2,794	1,268	126	1	75	1,067
El Dorado	10,696	6,129	602	74	2,107	3,347	2,874	407	0	183	2,283
Fresno	77,130	43,362	9,686	799	23,391	9,486	13,058	2,630	29	1,458	8,941
Glenn	5,058	3,041	293	28	730	1,990	990	89	1	62	838
Humboldt	22,382	15,108	931	122	5,419	8,637	5,188	462	7	315	4,404
Imperial	38,523	24,951	4,028	144	4,619	16,160	8,840	759	6	331	7,744
Inyo	2,482	1,372	174	10	371	818	757	138	1	44	574
Kern	61,961	33,827	5,832	593	17,482	9,920	11,906	1,960	20	1,209	8,716
Kings	22,015	12,322	1,177	99	2,892	8,154	5,492	383	3	194	4,911
Lake	12,974	9,626	856	89	2,951	5,730	2,611	341	5	192	2,073
Lassen	4,471	3,057	175	25	788	2,069	983	126	3	42	813
Los Angeles	830,812	449,607	138,469	7,908	201,897	101,333	114,900	36,337	193	17,033	61,337
Madera	26,489	14,677	1,368	108	3,159	10,041	5,727	411	6	225	5,085
Marin	11,047	6,219	840	92	2,845	2,442	2,584	626	10	325	1,623
Mariposa	1,988	1,129	120	12	250	746	681	72	1	26	581
Mendocino	16,226	10,077	814	79	3,276	5,908	3,699	357	4	193	3,146
Merced	53,339	33,985	2,502	233	6,541	24,709	10,720	755	15	398	9,551
Modoc	2,136	1,352	97	3	293	960	526	105	1	31	389
Mono	763	334	28	2	89	215	223	5	0	10	208
Monterey	44,546	21,360	2,432	215	6,136	12,577	11,426	845	5	569	10,007
Napa	566	19	0	0	17	2	21	1	0	4	16
Nevada	6,611	3,707	421	65	1,426	1,796	2,208	371	3	124	1,711
Orange	23,682	101	4	0	62	25	3,681	40	0	42	3,599

TABLE 18
MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 1999
(FFS ONLY)

COUNTY	TOTAL	PUBLIC ASSISTANCE					MEDICALLY NEEDY				
		Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
Placer	16,053	11,432	934	115	3,473	6,909	2,982	740	5	297	1,940
Plumas	2,627	1,737	147	19	592	979	682	128	1	39	514
Riverside	116,359	73,305	11,442	961	27,531	33,371	17,885	3,565	26	2,037	12,257
Sacramento	81,107	56,770	9,754	1,018	32,844	13,154	10,704	3,595	14	2,379	4,717
San Benito	5,452	2,656	367	22	528	1,739	1,770	181	2	57	1,530
San Bernardino	154,055	99,675	12,618	1,198	37,231	48,628	27,538	4,231	47	2,407	20,853
San Diego	139,536	93,389	24,093	1,745	47,371	20,180	18,414	6,917	37	3,367	8,093
San Francisco	69,369	50,711	20,859	992	24,404	4,456	10,138	4,838	39	2,792	2,469
San Joaquin	45,751	28,823	5,401	556	17,478	5,388	7,450	2,279	16	1,043	4,111
San Luis Obispo	21,622	12,882	1,170	127	4,525	7,060	5,114	734	3	482	3,895
San Mateo	1,876	6	2	0	2	2	51	0	0	0	50
Santa Barbara	4,653	73	0	0	7	66	1,101	4	0	1	1,097
Santa Clara	83,792	47,306	18,965	886	20,884	6,572	16,026	6,817	37	2,474	6,697
Santa Cruz	1,775	9	1	0	1	8	249	1	0	1	247
Shasta	32,540	22,582	1,495	149	7,350	13,588	7,377	796	3	480	6,097
Sierra	364	214	27	2	70	114	138	34	0	8	96
Siskiyou	8,335	5,736	526	40	1,874	3,296	1,868	213	1	101	1,554
Solano	1,045	89	0	1	77	11	207	3	0	14	190
Sonoma	34,391	22,837	2,073	268	8,098	12,398	6,879	1,229	18	1,211	4,421
Stanislaus	39,324	22,152	4,497	431	13,041	4,182	8,266	1,761	9	947	5,549
Sutter	13,923	7,875	960	78	2,189	4,648	3,994	409	3	120	3,464
Tehama	10,710	6,758	587	62	2,054	4,055	2,517	305	3	125	2,084
Trinity	2,335	1,608	130	14	533	931	578	66	0	47	465
Tulare	75,992	46,595	4,786	368	11,028	30,412	15,770	1,520	15	1,283	12,952
Tuolumne	6,430	4,120	329	38	1,334	2,418	1,789	221	2	140	1,427
Ventura	66,003	34,917	5,036	324	9,805	19,752	17,328	1,996	12	1,138	14,181
Yolo	21,854	15,188	1,241	120	3,585	10,243	3,805	550	11	345	2,900
Yuba	16,383	12,120	729	73	3,004	8,314	2,631	229	0	140	2,261

TABLE 18
MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 1999
(FFS ONLY)

COUNTY	MEDICALLY INDIGENT			IRCA ALIENS	MI/MN NOT QUALIFIED ALIENS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY	INCOME DISREGARD		
	Total	Adults	Children						Total	Infant	Pregnant Woman
STATEWIDE	104,918	8,110	96,808	0	201,020	1,190	75,620	95,907	102,647	39,285	63,362
Alameda	2,260	432	1,828	0	4,500	86	1,832	2,811	3,027	1,377	1,649
Alpine	5	0	5	0	1	0	1	4	3	1	3
Amador	69	5	65	0	14	0	57	42	51	25	25
Butte	1,595	35	1,560	0	576	33	536	516	705	233	472
Calaveras	145	5	140	0	45	0	94	57	69	29	40
Colusa	183	6	177	0	206	0	148	148	216	79	137
Contra Costa	1,620	114	1,506	0	1,623	10	1,040	1,293	1,386	683	703
Del Norte	155	1	154	0	79	1	84	72	69	35	34
El Dorado	510	17	493	0	322	1	261	259	274	129	145
Fresno	2,905	306	2,599	0	7,701	12	2,856	3,404	3,341	1,435	1,906
Glenn	326	8	318	0	199	2	136	163	180	65	115
Humboldt	735	28	707	0	134	3	334	339	410	176	234
Imperial	1,549	54	1,496	0	858	2	676	564	824	288	536
Inyo	67	2	65	0	75	0	52	71	73	36	38
Kern	1,912	115	1,797	0	7,290	1	2,052	1,950	2,537	953	1,584
Kings	1,266	30	1,236	0	1,245	3	489	585	512	283	229
Lake	234	8	226	0	127	0	103	99	99	45	54
Lassen	117	3	114	0	76	0	64	57	89	33	56
Los Angeles	37,144	3,143	34,002	0	101,716	287	33,289	45,417	43,881	15,485	28,396
Madera	1,406	30	1,377	0	2,950	3	538	603	491	249	243
Marin	486	8	478	0	879	20	171	257	383	160	224
Mariposa	71	1	70	0	3	0	42	25	27	13	15
Mendocino	658	19	640	0	602	4	327	363	419	174	245
Merced	2,577	122	2,455	0	2,533	0	1,309	1,192	888	347	541
Modoc	79	2	77	0	72	0	24	39	34	10	24
Mono	55	2	53	0	44	0	27	30	50	26	24
Monterey	1,698	49	1,649	0	4,649	5	1,207	1,528	2,350	839	1,512
Napa	4	1	3	0	3	0	53	36	355	2	353
Nevada	228	6	222	0	48	0	97	109	178	86	92
Orange	170	101	70	0	11,945	0	1,446	723	4,339	10	4,329

TABLE 18
MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 1999
(FFS ONLY)

COUNTY	MEDICALLY INDIGENT			IRCA ALIENS	MI/MN NOT QUALIFIED ALIENS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY	INCOME DISREGARD		
	Total	Adults	Children						Total	Infant	Pregnant Woman
Placer	543	41	502	0	215	2	190	260	340	173	167
Plumas	73	3	70	0	15	0	47	37	32	14	18
Riverside	6,047	504	5,542	0	5,245	16	3,525	4,683	4,776	2,493	2,284
Sacramento	2,863	387	2,476	0	3,369	300	1,779	2,556	2,511	1,267	1,245
San Benito	329	18	312	0	240	0	91	112	220	85	136
San Bernardino	6,739	592	6,147	0	6,431	35	3,741	4,721	4,292	2,199	2,093
San Diego	7,202	601	6,601	0	5,523	97	3,363	4,887	5,422	2,429	2,992
San Francisco	1,668	132	1,536	0	2,290	38	1,019	1,541	1,434	678	756
San Joaquin	1,589	101	1,488	0	3,719	15	1,192	1,226	1,443	679	764
San Luis Obispo	1,001	62	939	0	483	0	583	749	685	396	289
San Mateo	5	0	5	0	1	0	260	136	1,044	6	1,038
Santa Barbara	7	1	7	0	1,583	0	388	326	898	70	828
Santa Clara	2,619	235	2,384	0	9,159	118	1,937	2,947	2,904	1,329	1,575
Santa Cruz	3	0	3	0	702	0	82	42	478	0	478
Shasta	919	28	891	0	110	13	490	425	518	222	296
Sierra	4	1	4	0	1	0	3	2	2	1	0
Siskiyou	238	7	231	0	117	1	134	96	115	54	61
Solano	11	3	8	0	3	0	126	113	353	1	352
Sonoma	1,266	84	1,182	0	743	3	519	778	1,074	519	555
Stanislaus	1,505	166	1,339	0	2,555	17	1,675	1,590	1,334	607	727
Sutter	566	18	548	0	486	9	314	299	322	144	178
Tehama	431	8	423	0	323	0	248	220	172	87	85
Trinity	59	1	58	0	1	0	33	25	22	9	12
Tulare	3,488	241	3,247	0	4,168	0	1,917	2,053	1,706	858	848
Tuolumne	154	7	147	0	9	0	136	87	109	49	61
Ventura	3,964	165	3,800	0	2,110	2	1,914	2,534	2,427	1,266	1,160
Yolo	828	50	778	0	607	27	375	458	509	252	257
Yuba	570	6	564	0	298	23	203	250	249	96	152

TABLE 18
MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 1999

(FFS ONLY)

COUNTY	200 PERCENT			60-DAY POSTPARTUM	DIALYSIS	TOTAL PARENTERAL NUTRITION	QUALIFIED MEDICARE BENEFICIARY	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT
	Total	Infant	Pregnant Woman							
STATEWIDE	824	58	766	1,315	41	8	5,502	0	536	9,426
Alameda	20	0	20	17	3	0	129	0	17	532
Alpine	0	0	0	0	0	0	2	0	0	0
Amador	0	0	0	0	0	0	7	0	0	7
Butte	4	0	4	6	0	0	54	0	1	73
Calaveras	0	0	0	0	0	0	20	0	0	9
Colusa	0	0	0	2	0	0	11	0	0	5
Contra Costa	3	0	3	46	4	0	95	0	0	122
Del Norte	0	0	0	0	0	0	12	0	0	9
El Dorado	0	0	0	5	0	0	23	0	0	40
Fresno	34	1	33	122	1	0	47	0	2	286
Glenn	0	0	0	2	0	0	10	0	0	11
Humboldt	0	0	0	3	0	0	74	0	4	49
Imperial	3	1	2	4	0	0	54	0	7	192
Inyo	0	0	0	0	0	0	7	0	0	9
Kern	6	0	6	21	1	1	164	0	0	294
Kings	0	0	0	3	0	0	15	0	0	84
Lake	0	0	0	1	0	0	63	0	0	12
Lassen	0	0	0	0	0	0	23	0	0	3
Los Angeles	487	0	487	88	2	1	2,106	0	13	1,876
Madera	0	0	0	3	1	0	49	0	0	41
Marin	0	0	0	8	0	0	19	0	2	21
Mariposa	0	0	0	1	0	0	8	0	0	2
Mendocino	4	0	4	2	0	0	43	0	0	28
Merced	44	13	31	2	0	0	32	0	7	51
Modoc	5	1	4	0	0	0	5	0	0	0
Mono	0	0	0	0	0	0	0	0	0	0
Monterey	3	1	2	17	0	0	91	0	8	205
Napa	0	0	0	4	0	0	34	0	0	37
Nevada	0	0	0	4	0	0	34	0	0	37
Orange	25	0	25	264	0	1	375	0	47	566

TABLE 18
MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 1999

(FFS ONLY)

COUNTY	200 PERCENT POVERTY			60-DAY POSTPARTUM	DIALYSIS	TOTAL PARENTERAL NUTRITION	QUALIFIED MEDICARE BENEFICIARY	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT
	Total	Infant	Pregnant Woman							
Placer	0	0	0	6	0	0	34	0	0	50
Plumas	0	0	0	1	0	0	3	0	0	1
Riverside	1	0	0	103	2	1	129	0	4	638
Sacramento	10	1	10	4	0	0	66	0	9	166
San Benito	0	0	0	2	0	0	6	0	1	26
San Bernardino	27	1	27	70	8	1	219	0	0	558
San Diego	42	5	37	164	2	0	328	0	20	685
San Francisco	7	0	7	64	0	0	164	0	16	279
San Joaquin	1	0	1	13	0	0	100	0	13	168
San Luis Obispo	2	0	2	12	2	0	36	0	0	73
San Mateo	10	3	7	22	11	0	166	0	28	136
Santa Barbara	3	0	3	43	0	0	50	0	3	179
Santa Clara	1	0	1	27	1	0	202	0	274	271
Santa Cruz	2	0	2	36	3	0	33	0	1	134
Shasta	1	0	1	6	0	0	61	0	3	37
Sierra	0	0	0	0	0	0	0	0	0	0
Siskiyou	0	0	0	0	0	0	19	0	0	10
Solano	1	0	1	3	0	1	22	0	31	84
Sonoma	0	0	0	31	0	0	36	0	0	226
Stanislaus	76	32	44	3	0	0	23	0	4	122
Sutter	1	0	1	3	0	0	33	0	2	17
Tehama	0	0	0	1	0	0	14	0	2	25
Trinity	0	0	0	0	0	0	7	0	0	1
Tulare	0	0	0	7	1	0	31	0	2	255
Tuolumne	0	0	0	0	0	0	12	0	0	15
Ventura	1	0	1	64	0	1	72	0	10	658
Yolo	2	0	2	4	0	0	20	0	5	25
Yuba	0	0	0	2	0	0	30	0	1	8

INA Information Not Available.

Note: FFS = Fee-For-Service; IRCA = Immigration Reform and Control Act; OBRA = Omnibus Budget Reconciliation Act.

The IRCA program expired December 31, 1994. IRCA is shown for 1999 because claims continue to be paid due to the lag from time of service to time of payment.

Averages are rounded independently and may not add to totals.

TABLE 19
MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 1999
(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PUBLIC ASSISTANCE					MEDICALLY NEEDY				
		Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
STATEWIDE	1,730,768	1,115,953	219,319	16,091	464,591	415,952	298,768	84,732	610	47,379	166,047
Alameda	59,943	43,835	9,808	725	21,795	11,507	9,524	4,769	24	2,363	2,368
Alpine	61	41	4	1	9	28	17	0	0	2	14
Amador	1,504	875	106	7	328	434	521	121	1	46	354
Butte	22,393	15,743	1,310	183	5,756	8,493	4,976	978	8	504	3,486
Calaveras	2,643	1,748	219	20	611	898	712	126	1	60	525
Colusa	1,726	723	135	13	262	314	584	84	1	44	455
Contra Costa	26,531	18,314	3,667	322	9,433	4,892	5,055	2,160	15	1,007	1,875
Del Norte	3,666	2,686	199	25	1,074	1,388	761	116	1	73	571
El Dorado	5,559	3,284	382	44	1,340	1,518	1,621	341	2	156	1,122
Fresno	63,374	42,038	6,745	590	17,942	16,762	10,032	2,393	25	1,261	6,353
Glenn	2,665	1,669	225	22	545	877	575	81	1	60	433
Humboldt	13,276	9,180	765	86	3,986	4,342	3,034	429	7	305	2,293
Imperial	19,829	13,601	2,805	114	3,344	7,338	4,448	653	7	303	3,485
Inyo	1,364	777	129	9	269	371	441	126	1	45	270
Kern	41,831	26,880	3,596	424	12,429	10,431	8,901	1,716	15	1,063	6,108
Kings	13,012	7,627	893	73	2,199	4,462	3,218	364	4	188	2,663
Lake	7,754	5,850	702	71	2,248	2,828	1,551	305	4	172	1,070
Lassen	2,564	1,781	132	12	581	1,055	600	117	2	32	448
Los Angeles	586,770	371,801	94,516	5,800	151,919	119,566	83,883	29,119	174	15,144	39,447
Madera	13,839	8,196	1,005	84	2,362	4,745	3,210	400	6	211	2,594
Marin	6,184	3,606	533	57	1,990	1,025	1,540	518	9	286	727
Mariposa	1,117	667	93	8	190	377	380	65	0	27	288
Mendocino	9,440	6,258	665	62	2,503	3,027	2,151	331	5	193	1,623
Merced	26,034	17,339	1,740	178	4,782	10,639	5,329	712	17	394	4,206
Modoc	1,182	769	78	3	221	468	330	104	1	29	196
Mono	350	164	21	2	54	87	109	3	0	8	98
Monterey	23,647	12,349	1,788	143	4,189	6,229	6,351	828	5	479	5,039
Napa	1,184	519	31	5	281	202	330	81	0	68	181
Nevada	3,845	2,229	297	46	978	909	1,291	341	3	122	825
Orange/1/	47,505	16,662	2,050	173	4,817	9,622	5,418	716	6	1,084	3,613

TABLE 19 (Continued)

MEDI-CAL PROGRAM

AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY

CALENDAR YEAR 1999

(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PUBLIC ASSISTANCE					MEDICALLY NEEDY				
		Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
Placer	8,589	5,975	606	79	2,418	2,873	1,833	667	5	264	897
Plumas	1,636	1,085	116	17	457	496	455	118	1	38	298
Riverside	72,576	46,909	6,066	642	19,154	21,048	11,756	2,974	22	1,810	6,949
Sacramento/1/	54,678	41,092	6,230	680	23,066	11,115	7,609	2,834	12	2,036	2,726
San Benito	2,636	1,300	236	14	353	698	840	157	2	48	634
San Bernardino	100,292	66,617	7,125	796	26,178	32,518	18,323	3,464	38	2,112	12,709
San Diego	109,769	77,274	16,019	1,249	35,301	24,704	15,872	5,950	31	3,283	6,609
San Francisco	50,327	37,883	14,911	728	17,845	4,399	8,023	3,641	33	2,400	1,950
San Joaquin	34,641	24,506	3,525	389	12,933	7,660	6,275	1,963	14	940	3,358
San Luis Obispo	12,108	7,564	812	87	3,247	3,418	2,828	657	3	451	1,716
San Mateo/1/	4,996	1,829	529	38	723	539	1,545	896	10	211	428
Santa Barbara/1/	5,948	2,462	232	28	761	1,442	1,090	57	1	70	963
Santa Clara	55,099	35,979	12,541	606	14,840	7,993	11,136	4,949	32	1,983	4,172
Santa Cruz/1/	3,968	2,021	245	27	1,047	702	688	109	0	113	467
Shasta	18,740	13,294	1,181	110	5,470	6,533	4,321	763	4	467	3,088
Sierra	209	131	23	1	53	54	74	32	0	7	35
Siskiyou	4,574	3,278	391	28	1,379	1,479	996	185	0	84	727
Solano/1/	3,927	2,344	163	17	691	1,474	684	79	2	68	535
Sonoma	18,896	12,257	1,370	181	5,769	4,936	4,205	1,027	11	1,239	1,928
Stanislaus	28,338	18,219	3,133	295	9,938	4,853	6,023	1,500	9	857	3,657
Sutter	7,811	4,689	707	56	1,654	2,271	2,167	358	2	116	1,691
Tehama	6,138	4,042	458	48	1,535	2,001	1,465	285	2	125	1,052
Trinity	1,355	945	94	8	401	441	341	54	0	44	243
Tulare	46,988	30,668	3,470	292	8,504	18,403	9,409	1,454	12	1,279	6,664
Tuolumne	4,079	2,605	255	31	1,003	1,317	1,182	209	1	133	839
Ventura	35,997	19,532	2,932	211	6,792	9,597	9,120	1,565	11	1,052	6,492
Yolo	11,203	7,764	784	80	2,435	4,465	2,137	479	8	291	1,359
Yuba	8,621	6,480	531	51	2,210	3,688	1,479	210	0	131	1,138
Not Reported	5,839	0	0	0	0	0	0	0	0	0	0

TABLE 19 (Continued)

MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 1999

(FFS ONLY)

COUNTY OF BENEFICIARY	MEDICALLY INDIGENT			IRCA ALIENS	MI/MN NOT QUALIFIED ALIENS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY	INCOME DISREGARD		
	Total	Adults	Children						Total	Infant	Pregnant Woman
STATEWIDE	63,363	8,139	55,224	1	57,358	1,368	22,233	40,332	58,296	20,993	37,303
Alameda	1,355	357	998	0	1,159	95	368	870	1,687	627	1,060
Alpine	1	1	0	0	0	0	0	1	1	1	0
Amador	36	4	33	0	4	0	20	11	27	13	14
Butte	725	37	687	0	137	9	153	178	333	119	214
Calaveras	75	6	69	0	8	0	27	19	41	14	27
Colusa	87	6	81	0	61	0	42	65	122	44	79
Contra Costa	698	119	579	0	548	8	229	409	915	359	555
Del Norte	79	1	78	0	20	0	25	28	52	22	30
El Dorado	220	21	200	0	76	1	74	75	157	55	102
Fresno	2,230	339	1,891	0	2,485	16	886	1,570	2,225	945	1,279
Glenn	147	10	137	0	38	1	32	64	97	35	62
Humboldt	363	30	333	0	31	1	104	113	247	80	167
Imperial	680	53	628	0	162	1	190	171	352	135	216
Inyo	31	3	28	0	15	0	15	25	47	17	30
Kern	1,269	126	1,143	0	1,442	2	543	669	1,322	460	863
Kings	660	37	624	0	314	0	175	263	405	174	231
Lake	122	13	109	0	37	0	40	36	75	22	53
Lassen	60	4	56	0	12	0	19	17	42	15	26
Los Angeles	23,877	2,817	21,061	0	27,219	311	9,489	19,646	20,269	7,989	12,280
Madera	724	34	690	0	675	2	175	284	375	158	217
Marin	203	13	190	0	268	15	40	87	256	82	175
Mariposa	33	2	31	0	1	0	11	5	15	5	10
Mendocino	323	24	299	0	180	2	92	133	247	83	164
Merced	1,172	100	1,072	0	660	0	380	489	483	215	268
Modoc	35	1	34	0	15	0	6	10	14	5	8
Mono	20	3	17	0	14	0	5	7	31	10	20
Monterey	843	53	791	0	1,168	4	269	467	1,214	387	827
Napa/1/	44	6	38	0	8	0	34	23	159	10	149
Nevada	107	6	101	0	14	0	34	38	100	38	62
Orange/1/	1,797	197	1,600	0	4,832	84	738	972	3,626	330	3,296

TABLE 19 (Continued)

MEDI-CAL PROGRAM

AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY

CALENDAR YEAR 1999

(FFS ONLY)

COUNTY OF BENEFICIARY	MEDICALLY INDIGENT			IRCA ALIENS	MI/MN NOT QUALIFIED ALIENS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY	INCOME DISREGARD		
	Total	Adults	Children						Total	Infant	Pregnant Woman
Placer	279	44	235	0	79	3	58	82	221	84	137
Plumas	38	2	35	0	1	0	18	11	21	8	13
Riverside	3,367	518	2,848	0	1,845	12	1,086	1,888	3,030	1,297	1,733
Sacramento/1/	1,393	358	1,034	0	817	320	472	875	1,508	599	909
San Benito	140	14	126	0	88	0	19	40	127	39	88
San Bernardino	4,037	619	3,418	0	2,188	35	1,339	2,091	2,780	1,186	1,594
San Diego	4,339	719	3,620	0	2,419	110	1,078	1,971	3,437	1,214	2,224
San Francisco	970	182	788	0	859	65	294	667	947	375	572
San Joaquin	844	94	750	0	681	15	291	463	886	360	526
San Luis Obispo	478	61	416	0	140	0	175	276	436	188	249
San Mateo/1/	186	18	168	0	45	4	93	171	774	77	697
Santa Barbara/1/	188	10	179	0	563	0	211	287	819	120	699
Santa Clara	1,428	210	1,218	0	2,086	181	433	993	1,672	572	1,100
Santa Cruz/1/	131	8	122	0	307	0	55	76	437	47	390
Shasta	441	31	411	0	24	8	145	138	302	106	196
Sierra	2	0	2	0	0	0	1	0	1	0	1
Siskiyou	108	10	98	0	23	1	38	32	73	25	48
Solano/1/	86	12	74	0	15	0	59	62	292	21	271
Sonoma	618	99	519	0	371	2	123	260	717	242	475
Stanislaus	939	167	772	0	835	14	431	629	930	352	578
Sutter	287	23	264	0	116	6	102	135	224	83	141
Tehama	198	11	187	0	69	0	66	81	124	47	76
Trinity	26	1	25	0	0	0	13	9	17	3	14
Tulare	2,010	246	1,764	1	1,086	0	600	903	1,248	543	704
Tuolumne	96	9	87	0	3	0	59	32	77	26	51
Ventura	2,083	193	1,890	0	887	2	579	1,141	1,791	756	1,035
Yolo	380	51	328	0	151	31	121	166	329	117	212
Yuba	257	8	249	0	57	8	65	109	143	58	86
Not Reported	0	0	0	0	0	0	0	0	0	0	0

TABLE 19 (Continued)

MEDI-CAL PROGRAM

AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY

CALENDAR YEAR 1999

(FFS ONLY)

COUNTY OF BENEFICIARY	200 PERCENT POVERTY			60-DAY POSTPARTUM	DIALYSIS	TOTAL PARENTERAL NUTRITION	QUALIFIED MEDICARE BENEFICIARY	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT	NOT REPORTED
	Total	Infant	Pregnant Woman								
STATEWIDE	113	27	86	993	23	3	8,016	50,362	148	7,602	5,839
Alameda	0	0	0	6	2	0	20	784	6	234	0
Alpine	0	0	0	0	0	0	0	0	0	0	0
Amador	0	0	0	0	0	0	2	2	0	5	0
Butte	0	0	0	9	0	0	12	73	1	46	0
Calaveras	0	0	0	0	0	0	5	1	0	8	0
Colusa	0	0	0	3	0	0	3	30	0	7	0
Contra Costa	0	0	0	19	1	0	12	185	0	136	0
Del Norte	0	0	0	2	0	0	3	0	0	10	0
El Dorado	0	0	0	9	0	0	5	9	0	27	0
Fresno	10	1	8	72	0	0	11	1,459	0	342	0
Glenn	0	0	0	4	0	0	2	28	0	9	0
Humboldt	0	0	0	7	0	0	20	134	0	43	0
Imperial	0	0	0	6	0	0	14	134	2	67	0
Inyo	0	0	0	1	0	0	2	3	0	8	0
Kern	1	0	1	52	1	0	31	493	0	225	0
Kings	0	0	0	18	0	0	4	261	0	67	0
Lake	0	0	0	2	0	0	21	6	0	15	0
Lassen	0	0	0	1	0	0	6	22	0	5	0
Los Angeles	13	0	12	33	1	1	319	28,315	2	1,592	0
Madera	0	0	0	27	1	0	11	124	0	35	0
Marin	0	0	0	23	0	0	5	119	0	23	0
Mariposa	0	0	0	0	0	0	2	1	0	2	0
Mendocino	0	0	0	12	0	0	9	0	0	33	0
Merced	20	6	14	1	0	0	7	109	1	45	0
Modoc	0	0	0	1	0	0	1	2	0	0	0
Mono	0	0	0	0	0	0	0	1	0	0	0
Monterey	0	0	0	50	0	0	25	716	2	190	0
Napa	0	0	0	5	0	0	22	27	0	13	0
Nevada	0	0	0	2	0	0	3	9	1	19	0
Orange/1/	1	0	1	165	0	1	7,018	5,568	2	622	0

Table 19 (Continued)

MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 1999

(FFS ONLY)

COUNTY OF BENEFICIARY	200 PERCENT POVERTY			60-DAY POSTPARTUM	DIALYSIS	TOTAL PARENTERAL NUTRITION	QUALIFIED MEDICARE BENEFICIARY	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT	NOT REPORTED
	Total	Infant	Pregnant Woman								
Placer	0	0	0	3	0	0	4	14	0	39	0
Plumas	0	0	0	0	0	0	1	3	0	2	0
Riverside	1	0	1	65	1	0	23	2,096	0	498	0
Sacramento/1/	3	0	3	2	0	0	6	404	5	174	0
San Benito	0	0	0	4	0	0	2	53	0	23	0
San Bernardino	1	1	0	45	6	0	44	2,262	0	526	0
San Diego	7	2	5	110	0	0	47	2,534	4	567	0
San Francisco	0	0	0	22	0	0	11	397	5	183	0
San Joaquin	0	0	0	26	0	0	21	493	4	135	0
San Luis Obispo	0	0	0	8	1	0	8	132	0	64	0
San Mateo/1/	6	2	4	2	5	0	70	115	2	149	0
Santa Barbara/1/	0	0	0	23	0	0	40	139	1	125	0
Santa Clara	0	0	0	13	1	0	20	808	98	250	0
Santa Cruz/1/	0	0	0	16	2	0	24	61	0	150	0
Shasta	1	0	1	7	0	0	14	3	0	42	0
Sierra	0	0	0	0	0	0	0	1	0	0	0
Siskiyou	0	0	0	2	0	0	5	8	0	11	0
Solano/1/	1	0	0	3	0	0	17	300	4	61	0
Sonoma	0	0	0	25	0	0	10	240	0	69	0
Stanislaus	48	15	34	2	0	0	4	140	0	124	0
Sutter	0	0	0	7	0	0	10	46	1	19	0
Tehama	0	0	0	3	0	0	4	56	1	29	0
Trinity	0	0	0	0	0	0	2	1	0	1	0
Tulare	1	0	1	6	1	0	10	858	1	187	0
Tuolumne	0	0	0	2	0	0	3	7	0	14	0
Ventura	0	0	0	60	0	0	17	480	4	301	0
Yolo	0	0	0	1	0	0	3	96	1	24	0
Yuba	0	0	0	4	0	0	7	4	1	8	0
Not Reported	0	0	0	0	0	0	0	0	0	0	5,839

/1/ Data are limited for counties with Medi-Cal Managed Care populations.

Note: FFS = Fee-For-Service; IRCA = Immigration Reform and Control Act; OBRA = Omnibus Budget Reconciliation Act.

The IRCA program expired December 31, 1994. IRCA is shown for 1999 because claims continue to be paid due to the lag from time of service to time of payment.

Averages are rounded independently and may not add to totals.

A large retroactive adjustment that was made on hospital inpatient crossover claims is not included in this data because the magnitude of the adjustment would skew the user and expenditure.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Report.

TABLE 20

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 1999
(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PUBLIC ASSISTANCE					MEDICALLY NEEDY				
		Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
STATEWIDE	\$10,382,235,125	\$5,700,102,662	\$997,434,936	\$135,990,471	\$3,571,146,495	\$995,530,760	\$3,283,563,999	\$1,541,712,201	\$13,406,124	\$1,123,039,931	\$605,405,743
Alameda	407,150,440	230,708,220	40,027,812	5,375,875	155,773,934	29,530,599	141,610,404	81,790,584	472,266	46,160,375	13,187,180
Alpine	206,721	141,668	7,509	1,061	56,610	76,487	57,040	131	0	12,649	44,260
Amador	7,872,729	3,290,652	397,686	26,695	1,903,232	963,039	4,207,052	2,839,198	467	456,641	910,745
Butte	105,236,675	65,307,050	5,300,681	1,987,198	38,634,514	19,384,657	34,716,485	19,016,058	221,995	5,542,167	9,936,265
Calaveras	10,373,211	5,878,023	639,355	73,463	3,281,160	1,884,046	3,865,223	2,284,566	8,818	338,423	1,233,416
Colusa	8,152,631	3,158,500	422,403	98,910	1,908,336	728,852	3,241,036	1,260,310	2,970	574,843	1,402,912
Contra Costa	172,242,122	89,975,811	15,548,237	2,279,371	59,798,154	12,350,050	66,052,198	40,403,605	337,349	16,292,732	9,018,512
Del Norte	15,937,351	10,996,833	618,578	197,172	6,579,924	3,601,159	4,000,024	1,637,852	13,017	663,577	1,685,579
El Dorado	26,870,814	11,897,335	1,286,018	407,268	6,737,779	3,466,271	12,295,532	7,427,540	123,016	1,705,098	3,039,877
Fresno	291,998,423	165,742,533	23,065,620	4,323,698	106,417,481	31,935,733	89,688,034	49,264,225	536,815	21,766,488	18,120,506
Glenn	11,709,367	6,863,258	816,023	210,048	3,543,779	2,293,409	3,233,132	1,188,939	1,173	676,099	1,366,921
Humboldt	63,067,480	41,626,585	3,754,330	1,080,434	26,565,094	10,226,727	17,914,573	8,277,052	167,713	3,527,746	5,942,062
Imperial	78,104,006	51,123,049	11,013,442	774,014	22,146,837	17,188,756	20,559,271	6,663,058	85,672	3,104,333	10,706,208
Inyo	7,977,778	3,266,198	515,803	23,986	1,687,668	1,038,741	3,948,094	2,591,752	11,557	363,801	980,984
Kern	209,770,739	112,800,170	11,974,183	3,606,092	72,653,762	24,566,133	73,450,771	38,791,283	231,805	15,886,312	18,541,371
Kings	49,867,200	28,888,903	2,659,694	642,900	13,874,112	11,712,197	14,598,546	5,670,205	114,923	2,311,395	6,502,024
Lake	36,402,301	25,412,102	2,927,878	443,149	14,551,539	7,489,537	9,791,933	5,046,529	14,526	1,329,456	3,401,422
Lassen	10,593,719	6,254,848	377,621	63,592	3,247,288	2,566,347	3,897,842	2,575,048	54,210	289,595	978,990
Los Angeles	3,856,200,690	2,234,547,034	500,066,320	52,629,966	1,355,342,195	326,508,553	1,028,939,253	465,713,387	4,204,992	372,259,828	186,761,046
Madera	52,847,806	27,832,293	3,376,807	496,069	14,346,204	9,613,213	17,590,940	7,289,292	93,101	2,780,193	7,428,354
Marin	41,213,672	18,921,541	2,288,623	402,148	14,138,375	2,092,395	17,592,469	10,686,581	220,986	4,688,106	1,996,796
Mariposa	5,937,374	2,786,455	352,101	121,018	1,168,897	1,144,437	2,916,886	1,804,591	105	164,021	948,168
Mendocino	45,492,289	28,550,526	3,169,559	457,032	16,885,851	8,038,085	13,206,706	5,324,794	89,729	2,290,476	5,501,706
Merced	90,859,826	54,977,787	5,585,176	1,234,213	26,450,123	21,708,275	26,071,830	10,876,109	288,661	4,845,574	10,061,485
Modoc	7,593,109	2,978,149	470,759	29,435	1,409,493	1,068,462	4,304,259	3,555,664	37,282	163,955	547,358
Mono	1,633,249	520,194	52,679	12,125	237,068	218,322	539,321	8,976	0	137,240	393,105
Monterey/1/	109,315,060	47,580,206	6,230,879	783,059	26,407,137	14,159,131	36,075,102	13,711,433	35,055	5,801,857	16,526,758
Napa	15,815,402	6,664,612	100,060	12,803	6,327,874	223,875	7,195,264	2,331,822	58	4,626,743	236,641
Nevada	23,067,962	9,913,607	1,133,723	276,639	6,563,605	1,939,640	11,860,589	8,049,466	59,871	1,320,778	2,430,473
Orange/1/	304,312,161	96,681,475	5,873,246	1,935,149	67,543,775	21,329,304	93,560,839	2,712,875	39,406	73,790,417	17,018,141

TABLE 20 (Continued)

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 1999

(FEES ONLY)

COUNTY OF BENEFICIARY	TOTAL	PUBLIC ASSISTANCE					MEDICALLY NEEDY				
		Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
Placer	\$49,716,133	\$24,285,771	\$2,517,063	\$625,309	\$15,024,598	\$6,118,800	\$21,828,414	\$14,225,983	\$95,717	\$4,848,129	\$2,658,586
Plumas	10,762,150	5,169,746	437,669	210,956	2,825,978	1,695,143	5,242,787	3,817,580	3,605	419,058	1,002,544
Riverside	398,005,139	215,032,244	22,771,565	5,715,368	136,224,536	50,320,775	123,657,805	63,083,362	403,209	33,006,424	27,164,810
Sacramento/1/	304,454,089	183,422,496	24,924,256	4,363,458	130,459,720	23,675,062	97,231,986	56,353,270	197,521	30,456,377	10,224,818
San Benito	12,751,416	4,468,692	636,347	37,449	1,991,073	1,803,823	5,548,706	2,959,737	76,269	494,347	2,018,354
San Bernardino	570,448,288	335,146,243	29,785,380	7,877,612	218,639,173	78,844,077	163,875,484	72,757,223	665,862	41,887,973	48,564,426
San Diego	698,727,256	405,211,940	66,620,360	10,567,023	276,168,964	51,855,592	215,511,475	118,059,491	606,408	69,291,186	27,554,391
San Francisco	378,849,866	224,629,343	67,228,086	5,798,849	141,242,628	10,359,779	134,684,796	79,314,447	783,356	46,937,184	7,649,809
San Joaquin	187,219,559	103,965,408	13,879,712	3,376,429	71,017,780	15,691,486	67,522,696	39,708,207	123,256	17,343,803	10,347,430
San Luis Obispo	59,978,634	30,605,104	2,988,722	713,465	19,448,358	7,454,559	24,284,046	13,391,116	15,845	6,575,742	4,301,343
San Mateo/1/	65,592,285	19,177,049	7,100,384	393,098	10,917,724	765,843	37,833,391	28,891,988	404,020	7,872,098	665,285
Santa Barbara/1/	20,296,949	5,390,625	991,470	117,452	2,334,180	1,947,522	2,683,203	136,292	1,214	169,721	2,375,976
Santa Clara	390,136,283	186,190,171	50,797,179	4,950,621	112,512,812	17,929,559	157,546,449	77,522,854	1,246,093	61,974,151	16,803,351
Santa Cruz/1/	20,520,682	8,733,935	1,210,449	323,974	5,803,076	1,396,435	2,989,362	382,553	371	663,014	1,943,424
Shasta	95,792,565	59,023,642	4,483,570	764,222	37,161,961	16,613,889	32,021,475	14,779,604	31,342	6,727,106	10,483,424
Sierra	2,592,451	825,137	116,681	7,744	517,980	182,732	1,725,091	1,381,585	0	239,753	103,754
Siskiyou	19,746,465	12,092,224	1,047,288	82,165	7,327,279	3,635,491	6,696,183	3,701,791	148	725,230	2,269,014
Solano/1/	9,331,768	4,669,813	323,608	54,034	2,202,577	2,089,593	1,551,788	317,884	4,644	286,241	943,019
Sonoma	221,512,266	89,130,959	5,875,566	1,689,194	69,552,944	12,013,255	119,708,025	20,455,168	160,402	91,159,879	7,932,576
Stanislaus	146,455,660	81,474,448	11,877,910	2,396,695	56,437,048	10,762,794	51,504,608	31,855,283	200,848	9,268,672	10,179,805
Sutter	33,751,525	17,910,478	2,429,330	297,041	10,348,501	4,835,606	12,312,642	6,029,984	68,367	1,487,097	4,727,195
Tehama	28,980,062	17,301,860	1,585,357	212,661	9,804,997	5,698,846	9,371,551	4,873,005	57,539	1,195,232	3,245,775
Trinity	6,849,292	4,078,014	345,460	46,800	2,381,000	1,304,754	2,556,353	1,515,286	0	292,371	748,697
Tulare	271,338,273	128,038,299	10,744,899	2,365,704	75,404,788	39,522,908	118,906,034	28,661,666	438,690	71,877,157	17,928,521
Tuolumne	20,131,841	9,575,033	938,192	246,108	5,407,476	2,983,256	9,470,912	5,901,210	11,933	1,392,181	2,165,588
Ventura	169,765,208	78,900,833	10,792,634	1,794,605	45,686,911	20,626,682	66,433,318	31,088,797	165,881	16,859,003	18,319,637
Yolo	45,843,726	25,341,624	3,026,798	554,180	14,202,928	7,557,718	16,529,988	8,739,006	176,047	4,742,045	2,872,891
Yuba	34,628,043	25,025,916	1,906,195	403,673	13,917,702	8,798,346	7,354,783	3,014,905	0	977,840	3,362,037
Not Reported	40,234,943	0	0	0	0	0	0	0	0	0	0

TABLE 20 (Continued)

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 1999

(FFS ONLY)

COUNTY OF BENEFICIARY	MEDICALLY INDIGENT			IRCA ALIENS	MI/MN NOT QUALIFIED ALIENS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY	INCOME DISREGARD		
	Total	Adults	Children						Total	Infant	Pregnant Woman
STATEWIDE	\$278,206,577	\$73,855,399	\$204,351,178	\$124,830	\$482,900,950	\$5,331,437	\$42,790,641	\$56,833,066	\$336,576,185	\$65,983,842	\$270,592,344
Alameda	8,111,430	2,762,238	5,349,192	0	10,228,231	476,423	724,562	1,570,647	10,547,931	2,464,467	8,083,465
Alpine	1,550	1,348	202	0	0	0	1	297	6,019	1,150	4,869
Amador	137,026	34,058	102,968	0	48,160	0	33,273	13,836	110,348	12,127	98,221
Butte	1,793,158	353,059	1,440,099	0	715,477	33,107	346,439	219,373	1,787,633	421,408	1,366,225
Calaveras	281,245	48,420	232,824	0	42,438	0	30,524	26,654	208,174	28,528	179,647
Colusa	253,487	62,892	190,595	0	449,261	0	93,231	127,814	760,150	246,838	513,312
Contra Costa	3,581,101	903,759	2,677,343	0	4,552,525	27,169	843,627	656,723	5,299,764	1,258,265	4,041,498
Del Norte	369,789	4,139	365,650	0	131,058	0	46,516	63,597	271,009	65,387	205,622
El Dorado	1,033,807	201,808	831,998	0	473,631	1,472	119,331	101,751	783,171	90,475	692,696
Fresno	7,442,873	2,359,444	5,083,430	0	12,088,304	54,332	1,386,737	1,918,433	9,473,618	2,077,794	7,395,824
Glenn	490,577	99,695	390,882	0	260,002	1,601	74,363	92,206	481,075	50,041	431,034
Humboldt	1,287,626	386,088	901,539	0	246,998	1,091	227,955	145,855	1,155,263	205,190	950,073
Imperial	2,152,950	665,719	1,487,232	0	1,071,418	1,290	303,660	245,627	1,973,354	534,082	1,439,272
Inyo	140,215	61,456	78,759	0	147,356	0	29,000	27,631	353,385	15,627	337,758
Kern	4,649,389	1,571,647	3,077,742	(121)	8,248,094	1,888	885,139	767,445	6,768,931	1,213,880	5,555,051
Kings	1,644,079	250,594	1,393,484	0	1,563,087	447	265,213	343,456	1,754,084	365,057	1,389,027
Lake	423,192	141,957	281,235	0	179,525	0	65,906	47,716	334,010	47,919	286,091
Lassen	137,828	12,263	125,565	0	41,256	0	27,739	17,166	168,813	64,519	104,294
Los Angeles	110,065,831	27,860,551	82,205,280	1,006	256,623,538	1,621,094	18,685,151	27,411,623	115,927,967	24,779,506	91,148,461
Madera	1,549,563	210,374	1,339,190	0	3,001,475	3,349	401,973	444,148	1,531,974	356,376	1,175,598
Marin	583,929	166,562	417,367	0	1,884,860	55,617	51,810	125,772	1,619,213	348,891	1,270,322
Mariposa	119,870	7,294	112,576	0	2,792	0	16,369	9,162	73,121	7,002	66,120
Mendocino	1,012,182	258,823	753,359	0	888,769	4,328	198,806	191,174	1,228,158	298,965	929,192
Merced	3,058,279	593,903	2,464,376	0	3,349,277	290	558,728	551,986	1,862,909	424,985	1,437,925
Modoc	79,371	8,034	71,337	0	80,885	0	6,651	12,025	127,251	18,800	108,451
Mono	73,014	13,310	59,705	0	180,889	0	8,465	7,288	303,475	65,704	237,771
Monterey/1/	3,671,449	694,053	2,977,396	0	9,481,192	11,635	525,046	717,308	8,337,375	1,404,955	6,932,419
Napa	470,479	316,110	154,370	0	10,335	299	81,074	19,793	1,114,716	5,685	1,109,031
Nevada	360,770	41,094	319,676	0	113,727	0	68,119	45,427	549,368	95,756	453,612
Orange/1/	12,796,376	2,447,397	10,348,978	0	41,516,239	312,061	2,057,820	2,552,769	26,447,739	2,465,598	23,982,140

TABLE 20 (Continued)

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 1999

(FFS ONLY)

COUNTY OF BENEFICIARY	MEDICALLY INDIGENT			IRCA ALIENS	MI/MN NOT QUALIFIED ALIENS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY	INCOME DISREGARD		
	Total	Adults	Children						Total	Infant	Pregnant Woman
Placer	\$1,231,206	\$392,498	\$838,708	\$0	\$587,097	\$18,753	\$83,806	\$70,458	\$1,326,663	\$262,081	\$1,064,582
Plumas	151,689	13,551	138,138	105	8,050	0	33,688	17,054	128,879	23,343	105,536
Riverside	14,970,963	4,192,286	10,778,677	0	15,346,449	53,777	1,887,181	2,756,428	17,669,486	4,120,775	13,548,711
Sacramento/1/	6,792,774	3,032,198	3,760,575	0	5,574,852	1,117,741	756,447	861,107	7,191,045	1,237,199	5,953,846
San Benito	557,417	99,898	457,519	0	868,720	809	36,815	61,545	834,065	104,707	729,358
San Bernardino	19,653,591	5,244,852	14,408,739	0	21,206,565	93,443	2,159,377	2,712,592	17,699,754	4,651,349	13,048,405
San Diego	22,729,185	6,158,063	16,571,122	(250)	20,990,674	406,944	2,360,097	2,880,401	20,314,380	4,814,465	15,499,914
San Francisco	4,460,588	1,833,234	2,627,355	0	6,223,642	262,971	521,543	1,134,693	5,357,999	1,087,124	4,270,875
San Joaquin	3,803,885	868,521	2,935,364	0	4,543,727	31,941	535,529	449,060	4,823,178	899,270	3,923,909
San Luis Obispo	1,455,821	354,742	1,101,079	0	734,264	0	264,546	325,598	1,708,613	384,698	1,323,915
San Mateo/1/	643,898	378,759	265,140	0	290,210	12,381	126,452	225,388	6,080,353	147,692	5,932,661
Santa Barbara/1/	270,984	18,442	252,541	0	4,648,018	781	308,658	418,022	5,334,816	600,021	4,734,795
Santa Clara	7,543,505	1,997,039	5,546,467	0	18,753,810	489,363	907,824	1,836,970	12,832,925	2,619,622	10,213,303
Santa Cruz/1/	925,920	65,188	860,732	0	2,753,014	0	80,713	100,120	3,551,858	457,366	3,094,492
Shasta	1,569,626	464,220	1,105,407	0	161,941	44,175	244,030	172,958	2,160,261	421,404	1,738,857
Sierra	36,237	22,955	13,282	0	0	0	245	4,491	847	166	681
Siskiyou	381,333	95,958	285,375	0	74,559	576	53,389	32,165	345,773	62,959	282,814
Solano/1/	157,328	37,191	120,137	0	16,847	1,163	74,884	70,955	1,916,586	14,138	1,902,448
Sonoma	3,465,511	868,260	2,597,251	0	3,332,189	2,657	458,231	275,759	4,329,826	500,534	3,829,291
Stanislaus	3,138,429	1,126,731	2,011,698	0	3,743,048	39,176	989,139	644,785	3,840,446	731,140	3,109,306
Sutter	754,505	251,023	503,482	0	802,200	16,985	169,345	150,211	1,443,947	261,699	1,182,248
Tehama	545,184	85,279	459,904	0	444,401	0	96,409	160,582	679,575	102,674	576,901
Trinity	61,199	5,479	55,720	0	0	0	28,820	7,403	105,421	7,959	97,462
Tulare	6,923,241	1,905,025	5,018,216	123,982	7,023,715	0	871,224	1,152,693	5,776,062	1,011,226	4,764,836
Tuolumne	394,561	117,896	276,664	0	17,870	0	90,059	91,210	320,628	43,026	277,601
Ventura	6,033,801	1,288,079	4,745,722	108	5,850,697	4,893	1,214,119	1,400,349	7,481,273	1,634,510	5,846,762
Yolo	1,193,846	260,767	933,079	0	830,374	109,130	184,497	200,876	1,180,452	209,787	970,666
Yuba	587,913	139,177	448,736	0	453,219	16,288	90,346	144,491	781,078	137,930	643,148
Not Reported	0	0	0	0	0	0	0	0	0	0	0

TABLE 20 (Continued)

MEDI-CAL PROGRAM

TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY

CALENDAR YEAR 1999

(FFS ONLY)

COUNTY OF BENEFICIARY	200 PERCENT POVERTY			60-DAY POSTPARTUM	DIALYSIS	TOTAL PARENTERAL NUTRITION	QUALIFIED MEDICARE BENEFICIARY	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT	NOT REPORTED
	Total	Infant	Pregnant Woman								
STATEWIDE	\$589,686	\$28,963	\$560,723	\$2,665,763	\$211,984	\$17,018	\$16,823,400	\$87,157,379	\$351,487	\$47,753,116	\$40,234,943
Alameda	9	0	9	13,211	39,900	0	26,546	1,610,410	20,745	1,461,771	0
Alpine	0	0	0	0	0	0	10	137	0	0	0
Amador	0	0	0	4	0	0	2,317	2,389	0	27,673	0
Butte	0	0	0	11,498	0	0	16,962	111,565	437	177,492	0
Calaveras	0	0	0	315	0	0	7,603	914	0	32,098	0
Colusa	0	0	0	1,737	0	0	1,811	16,281	0	49,323	0
Contra Costa	627	0	627	55,622	9,642	0	35,789	347,456	0	804,067	0
Del Norte	0	0	0	4,224	0	0	3,415	0	0	50,888	0
El Dorado	0	0	0	29,649	0	0	3,201	9,915	112	121,908	0
Fresno	47,720	2,033	45,687	160,234	0	0	10,169	2,337,909	0	1,647,529	0
Glenn	0	0	0	4,166	0	0	1,415	40,243	0	167,329	0
Humboldt	0	0	0	7,032	0	0	38,256	176,244	63	239,940	0
Imperial	83	83	0	15,150	0	0	23,116	211,321	7,116	416,600	0
Inyo	0	0	0	14,451	0	0	222	1,408	0	49,817	0
Kern	450	0	450	172,151	2,525	0	48,025	718,715	0	1,257,167	0
Kings	0	0	0	65,404	0	0	6,986	414,149	0	322,846	0
Lake	0	0	0	3,297	0	0	37,475	4,660	0	102,485	0
Lassen	0	0	0	3,994	0	0	9,190	25,289	0	9,754	0
Los Angeles	72,719	234	72,486	227,906	2,167	1,239	728,973	49,591,233	6,214	11,747,741	0
Madera	0	0	0	113,498	4,155	0	14,091	191,913	0	168,435	0
Marin	0	0	0	61,934	0	0	13,228	241,183	0	62,116	0
Mariposa	0	0	0	254	0	0	975	813	0	10,677	0
Mendocino	0	0	0	29,713	0	0	10,785	109	0	171,034	0
Merced	61,667	6,862	54,806	826	0	0	7,209	158,974	401	199,664	0
Modoc	196	0	196	380	0	0	1,633	1,383	0	928	0
Mono	0	0	0	98	0	0	210	295	0	0	0
Monterey/1/	840	840	0	169,570	0	0	44,714	1,268,553	1,986	1,430,085	0
Napa/1/	0	0	0	31,632	0	0	70,972	41,206	0	115,019	0
Nevada	0	0	0	25,506	0	0	3,600	6,112	206	120,930	0
Orange/1/	309	0	309	396,067	0	13,578	14,756,403	8,822,694	2,273	4,395,520	0

TABLE 20 (Continued)

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 1999

(FFS ONLY)

COUNTY OF BENEFICIARY	200 PERCENT POVERTY			60-DAY POSTPARTUM	DIALYSIS	TOTAL PARENTERAL NUTRITION	QUALIFIED MEDICARE BENEFICIARY	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT	NOT REPORTED
	Total	Infant	Pregnant Woman								
Placer	\$334	\$5	\$330	\$18,948	\$0	\$0	\$4,792	\$20,589	\$0	\$239,302	\$0
Plumas	0	0	0	212	0	0	1,698	5,587	0	2,655	0
Riverside	4,607	0	4,607	131,397	31,590	1,150	33,270	3,368,522	0	3,060,269	0
Sacramento/1/	28,073	466	27,608	2,127	0	0	6,764	615,275	7,347	846,055	0
San Benito	0	0	0	22,966	0	0	4,537	139,520	0	207,625	0
San Bernardino	1,011	314	697	148,782	64,299	376	83,656	4,196,333	0	3,406,782	0
San Diego	36,744	1,785	34,959	170,766	0	0	74,102	4,481,254	18,175	3,541,368	0
San Francisco	(49)	18	(67)	41,818	0	0	4,720	760,725	32,699	734,378	0
San Joaquin	28	0	28	58,095	0	0	36,621	712,961	15,687	720,741	0
San Luis Obispo	0	0	0	13,202	8,290	0	12,443	274,914	0	291,793	0
San Mateo/1/	24,936	1,076	23,860	2,297	31,492	0	196,553	142,675	7,392	797,816	0
Santa Barbara/1/	0	0	0	38,241	0	0	143,690	364,784	3,140	691,988	0
Santa Clara	0	0	0	31,082	9,685	0	35,909	2,183,208	188,608	1,586,773	0
Santa Cruz/1/	0	0	0	24,804	3,739	0	63,770	82,594	1,282	1,209,573	0
Shasta	181	0	181	6,768	0	0	20,927	4,864	102	361,613	0
Sierra	0	0	0	0	0	0	0	402	0	0	0
Siskiyou	0	0	0	2,325	0	0	6,561	9,644	0	51,732	0
Solano/1/	12,167	48	12,119	2,121	0	674	88,845	476,119	6,878	285,600	0
Sonoma	(225)	0	(225)	42,745	0	0	10,455	404,018	0	352,117	0
Stanislaus	190,434	15,104	175,330	2,024	0	0	8,953	226,558	56	653,558	0
Sutter	(108)	0	(108)	13,960	0	0	12,561	60,022	1,814	102,963	0
Tehama	24	24	0	10,118	0	0	4,538	86,137	8,715	270,968	0
Trinity	0	0	0	7	0	0	2,426	426	0	9,223	0
Tulare	106,833	0	106,833	9,803	4,500	0	8,975	1,279,531	1,116	1,112,265	0
Tuolumne	0	0	0	44,717	0	0	3,510	11,454	0	111,889	0
Ventura	0	0	0	78,502	0	0	16,332	708,476	15,144	1,627,362	0
Yolo	0	0	0	425	0	0	2,596	183,108	3,388	83,422	0
Yuba	75	75	0	127,987	0	0	8,897	4,205	391	32,453	0
Not Reported	0	0	0	0	0	0	0	0	0	0	40,234,943

/1/ Data are limited for counties with Medi-Cal Managed Care populations.

Note: FFS = Fee-For-Service; IRCA = Immigration Reform and Control Act; OBRA = Omnibus Budget Reconciliation Act.

The IRCA program expired December 31, 1994. IRCA is shown for 1999 because claims continue to be paid due to the lag from time of service to time of payment.

Payments are rounded independently and may not add to totals. Figures in parentheses () indicate negative numbers.

A large retroactive adjustment that was made on hospital inpatient crossover claims is not included in this data because the magnitude of the adjustment would skew the user and expenditures trends.

TABLE 21

MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY AND SELECTED TYPES OF PROVIDERS
CALENDAR YEAR 1999
(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PHYSICIANS	PHARMACIES	DENTISTS	OPTOMETRISTS	COUNTY HOSPITAL		COMMUNITY HOSPITAL		STATE HOSPITALS	LONG- TERM CARE/1/
						Inpatient	Outpatient	Inpatient	Outpatient		
STATEWIDE	1,730,768	557,577	912,153	264,298	36,477	8,129	57,509	37,322	189,709	3,864	70,852
Alameda	59,943	14,923	34,118	9,674	1,308	345	2,305	1,240	6,463	3	3,357
Alpine	61	25	12	5	2	0	0	2	16	0	0
Amador	1,504	392	923	112	51	1	9	28	379	0	96
Butte	22,393	5,757	13,531	2,053	666	1	15	375	6,978	3	784
Calaveras	2,643	756	1,613	290	92	4	54	44	734	1	90
Colusa	1,726	440	938	110	36	0	1	41	420	0	49
Contra Costa	26,531	5,967	13,977	4,162	417	202	520	493	2,549	2	1,704
Del Norte	3,666	693	2,364	122	140	0	3	61	775	0	61
El Dorado	5,559	1,768	3,089	655	160	0	5	121	1,226	1	244
Fresno	63,374	17,127	30,796	11,325	1,056	305	3,326	996	6,222	5	2,360
Glenn	2,665	552	1,587	109	74	0	2	53	539	0	52
Humboldt	13,276	3,310	7,874	788	346	0	11	247	3,081	1	338
Imperial	19,829	7,328	11,580	1,539	592	2	18	422	2,811	0	248
Inyo	1,364	375	762	60	32	1	5	33	269	0	68
Kern	41,831	9,915	20,175	8,014	813	405	2,780	588	2,844	4	1,523
Kings	13,012	3,187	7,175	907	395	7	53	242	2,134	1	270
Lake	7,754	2,193	4,971	470	240	1	10	141	1,831	0	212
Lassen	2,564	438	1,462	126	90	0	2	36	364	1	91
Los Angeles	586,770	215,801	316,065	95,767	10,850	3,613	18,475	14,437	48,615	774	25,046
Madera	13,839	5,522	8,503	1,626	229	26	149	242	1,621	1	346
Marin	6,184	1,617	3,688	661	81	2	15	128	773	0	478
Mariposa	1,117	231	635	98	27	8	40	13	251	0	43
Mendocino	9,440	1,827	4,916	438	188	1	11	170	2,123	1	256
Merced	26,034	8,995	15,331	2,801	545	183	1,669	298	2,177	3	472
Modoc	1,182	182	654	23	54	0	1	18	199	1	75
Mono	350	85	128	14	9	0	2	11	63	0	0
Monterey	23,647	8,157	11,057	2,480	494	273	2,861	407	2,789	2	534
Napa	1,184	160	137	416	5	0	0	24	54	77	63
Nevada	3,845	1,284	2,281	373	84	0	3	91	896	1	257
Orange/2/	47,505	17,422	4,779	15,240	69	5	12	1,772	3,686	819	560

TABLE 21 (Continued)

MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY AND SELECTED TYPES OF PROVIDERS
CALENDAR YEAR 1999
(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PHYSICIANS	PHARMACIES	DENTISTS	OPTOMETRISTS	COUNTY HOSPITAL		COMMUNITY HOSPITAL		STATE HOSPITALS	LONG- TERM CARE/1/
						Inpatient	Outpatient	Inpatient	Outpatient		
Placer	8,589	3,003	5,104	916	248	1	7	177	1,179	1	626
Plumas	1,636	255	952	48	81	0	3	41	458	0	102
Riverside	72,576	29,245	38,033	11,047	1,715	347	2,652	1,822	8,161	3	2,797
Sacramento/2/	54,678	18,611	31,858	4,235	1,204	10	65	1,242	7,329	6	2,484
San Benito	2,636	714	1,491	219	48	2	31	66	560	0	83
San Bernardino	100,292	39,631	50,968	16,300	2,705	446	4,275	2,360	11,410	9	3,618
San Diego	109,769	36,370	59,518	18,146	2,253	6	49	2,752	12,539	4	5,528
San Francisco	50,327	11,298	32,751	6,304	1,136	435	2,909	637	6,189	2	2,430
San Joaquin	34,641	9,479	18,430	6,151	757	273	2,182	454	3,334	3	1,825
San Luis Obispo	12,108	3,567	7,147	1,031	376	50	1,371	190	2,090	2	618
San Mateo/2/	4,996	574	220	1,975	1	2	82	101	235	2	1,249
Santa Barbara/2/	5,948	931	454	2,337	29	1	6	204	220	2	15
Santa Clara	55,099	11,664	30,315	8,622	1,127	665	3,422	655	3,438	432	3,160
Santa Cruz/2/	3,968	650	458	1,323	5	1	5	138	421	0	14
Shasta	18,740	5,541	11,847	1,702	607	2	17	351	3,447	1	591
Sierra	209	27	121	5	6	0	1	5	37	1	33
Siskiyou	4,574	1,057	2,874	427	138	0	3	85	999	0	124
Solano/2/	3,927	303	177	2,099	3	0	3	46	193	3	5
Sonoma	18,896	4,776	10,515	1,618	428	2	13	398	3,825	884	995
Stanislaus	28,338	7,228	16,162	4,626	803	9	79	585	2,527	1	1,263
Sutter	7,811	2,327	4,633	898	195	1	5	165	1,189	0	228
Tehama	6,138	1,621	3,740	402	186	1	4	117	1,152	0	172
Trinity	1,355	457	863	128	39	13	170	13	91	0	31
Tulare	46,988	13,022	23,898	4,927	1,440	18	112	837	6,429	762	1,204
Tuolumne	4,079	819	2,446	385	116	25	592	39	685	2	140
Ventura	35,997	9,961	20,322	3,519	1,107	303	6,899	519	4,455	32	1,210
Yolo	11,203	4,038	6,176	1,436	335	2	8	189	2,820	1	425
Yuba	8,621	2,394	5,294	792	244	1	5	169	1,317	0	116
Not Reported	5,839	1,586	266	2,225	5	131	186	192	98	12	92

/1/ Nursing Facilities and Intermediate Care Facilities - Developmentally Disabled combined.

/2/ Data are limited for counties with Medi-Cal Managed Care populations.

Note: FFS = Fee-For-Service.

A large retroactive adjustment that was made on hospital inpatient crossover claims is not included in this data because the magnitude of the adjustment would skew the user and expenditure.

Averages are rounded independently and may not add to totals.

TABLE 22

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY AND SELECTED TYPES OF PROVIDERS
CALENDAR YEAR 1999
(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PHYSICIANS	PHARMACIES	DENTISTS	OPTOMETRISTS	COUNTY HOSPITAL		COMMUNITY HOSPITAL		STATE HOSPITALS	LONG- TERM CARE/1/
						Inpatient	Outpatient	Inpatient	Outpatient		
STATEWIDE	\$10,382,235,125	\$802,316,970	\$2,129,665,292	\$569,941,977	\$26,234,963	\$526,620,499	\$84,450,289	\$1,828,838,291	\$215,764,371	\$465,980,153	\$2,387,796,360
Alameda	407,150,440	18,609,493	84,629,733	18,089,599	948,657	29,620,133	2,301,727	74,984,019	6,699,119	436,823	119,059,004
Alpine	206,721	32,363	30,221	12,135	1,611	0	0	78,786	13,061	0	0
Amador	7,872,729	460,331	1,614,115	246,522	27,759	65,580	8,898	1,060,238	329,222	0	3,068,704
Butte	105,236,675	5,734,469	27,250,444	3,873,383	455,921	171,434	15,461	19,967,626	6,488,079	392,778	23,171,590
Calaveras	10,373,211	748,252	2,634,677	531,574	58,864	116,744	61,888	1,634,202	662,972	44,000	2,443,119
Colusa	8,152,631	569,059	1,498,161	240,190	21,701	0	1,443	2,543,261	426,205	0	1,468,180
Contra Costa	172,242,122	7,579,633	32,405,166	7,739,492	273,699	8,404,184	658,819	31,591,730	2,967,686	178,416	55,124,054
Del Norte	15,937,351	712,266	5,337,524	236,078	92,967	3,049	2,725	3,299,057	1,017,048	20,183	1,670,681
El Dorado	26,870,814	1,948,609	5,440,571	1,111,220	109,564	14,355	3,969	6,225,749	1,225,560	120,272	8,088,432
Fresno	291,998,423	20,628,983	64,555,106	23,765,420	699,940	12,760,298	2,869,535	48,002,514	6,346,603	486,775	79,920,459
Glenn	11,709,367	720,332	2,942,200	228,062	49,986	6,738	1,311	2,691,885	490,217	0	1,550,232
Humboldt	63,067,480	3,789,744	18,876,261	1,310,955	249,727	20,752	11,069	12,300,067	2,860,982	143,793	10,484,719
Imperial	78,104,006	8,048,698	22,769,310	3,639,670	412,562	306,725	19,852	19,070,551	2,869,598	0	8,854,626
Inyo	7,977,778	416,561	1,384,381	133,590	22,220	40,769	5,129	2,070,554	241,523	0	2,608,182
Kern	209,770,739	13,627,794	44,384,104	16,261,756	555,268	20,747,576	4,091,761	26,554,249	2,885,159	520,231	55,092,053
Kings	49,867,200	4,232,742	10,929,262	2,085,866	292,231	329,718	55,893	10,104,750	1,942,644	111,390	8,127,605
Lake	36,402,301	2,235,969	9,669,807	869,562	156,066	51,073	11,081	8,687,463	1,716,714	32,946	6,045,276
Lassen	10,593,719	434,365	2,343,746	205,541	57,343	1,077	1,458	1,783,776	374,919	9,884	3,124,781
Los Angeles	3,856,200,690	372,698,678	820,501,534	226,271,555	7,982,734	258,987,563	42,436,634	670,678,940	63,600,256	96,248,810	770,084,640
Madera	52,847,806	5,676,369	12,660,988	3,291,995	133,556	931,901	120,221	10,518,276	1,342,727	127,619	11,017,969
Marin	41,213,672	1,704,826	11,091,854	953,955	52,285	114,688	15,419	5,793,567	749,523	33,902	15,662,560
Mariposa	5,937,374	303,216	1,104,548	193,961	15,520	259,460	45,414	776,765	238,162	0	1,863,409
Mendocino	45,492,289	2,419,327	9,524,596	729,502	138,220	82,457	11,645	9,825,285	2,481,263	73,616	7,635,347
Merced	90,859,826	8,372,097	23,301,941	6,003,442	390,320	5,317,676	1,121,450	13,089,044	2,104,396	463,962	14,500,091
Modoc	7,593,109	193,811	1,026,110	68,704	29,407	1,990	824	825,067	204,833	144,226	3,994,570
Mono	1,633,249	129,718	308,180	32,298	6,802	5,550	1,743	764,541	52,131	0	13,436
Monterey	109,315,060	9,380,081	19,581,148	5,010,930	336,395	12,309,110	2,178,960	28,091,212	2,475,979	182,630	16,648,455
Napa/2/	15,815,402	359,224	320,843	694,575	3,739	0	471	1,057,044	52,159	10,024,637	2,792,910
Nevada	23,067,962	1,114,379	5,082,573	582,109	58,690	95,720	1,838	4,445,908	970,320	122,448	8,095,217
Orange/2/	304,312,161	33,245,663	8,170,038	33,001,669	38,895	411,005	16,493	77,994,245	6,306,040	98,752,655	11,050,054

TABLE 22 (Continued)

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY AND SELECTED TYPES OF PROVIDERS
CALENDAR YEAR 1999
(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PHYSICIANS	PHARMACIES	DENTISTS	OPTOMETRISTS	COUNTY HOSPITAL		COMMUNITY HOSPITAL		STATE HOSPITALS	LONG- TERM CARE/1/
						Inpatient	Outpatient	Inpatient	Outpatient		
Placer	49,716,133	3,170,907	10,383,124	1,722,403	163,803	29,502	8,830	8,630,266	1,323,536	143,536	17,871,557
Plumas	10,762,150	348,579	1,841,617	84,133	62,743	6,784	3,230	2,074,777	503,781	0	4,048,073
Riverside	398,005,139	39,329,441	82,789,203	25,122,215	1,227,267	18,838,873	2,798,257	77,948,744	8,424,586	303,801	97,238,246
Sacramento/2/	304,454,089	22,704,361	72,565,394	9,139,124	896,455	540,686	70,055	65,961,113	9,091,736	748,395	81,442,870
San Benito	12,751,416	1,007,179	2,077,690	465,253	37,855	211,997	44,770	3,368,442	444,653	0	3,140,500
San Bernardino	570,448,288	55,474,291	99,847,538	37,685,012	1,960,619	34,656,588	4,354,451	127,409,079	11,913,880	907,473	131,284,471
San Diego	698,727,256	48,137,747	179,302,276	37,357,003	1,725,659	262,168	65,544	135,704,963	16,618,346	478,132	191,454,367
San Francisco	378,849,866	12,691,434	97,441,285	11,819,001	856,196	22,747,306	2,864,073	32,212,093	7,108,935	167,676	145,642,430
San Joaquin	187,219,559	11,199,856	37,059,291	12,554,573	553,310	16,595,293	2,449,174	21,701,897	3,668,249	305,928	59,718,933
San Luis Obispo	59,978,634	3,827,396	15,416,419	1,691,027	243,635	1,581,112	1,188,744	7,517,787	1,973,664	189,049	19,390,606
San Mateo/2/	65,592,285	1,349,931	81,234	3,465,655	158	82,100	93,281	4,570,888	250,057	215,808	51,966,138
Santa Barbara/2/	20,296,949	2,308,921	267,445	4,389,607	21,152	13,923	6,521	7,463,458	163,316	182,038	155,748
Santa Clara	390,136,283	11,421,074	67,799,667	16,820,806	804,536	51,244,075	5,470,411	32,272,257	3,431,069	48,677,134	109,939,544
Santa Cruz/2/	20,520,682	1,601,893	1,260,937	2,097,253	3,264	145,469	6,984	7,881,523	356,080	6,301	306,658
Shasta	95,792,565	6,218,421	24,095,594	3,435,925	422,417	68,258	15,025	23,296,064	3,932,674	32,107	20,186,836
Sierra	2,592,451	42,180	221,240	10,346	5,929	56,784	1,244	332,898	30,077	120,627	1,594,394
Siskiyou	19,746,465	1,101,436	4,998,884	804,044	99,995	13,528	3,332	4,425,884	1,090,370	0	4,370,690
Solano/2/	9,331,768	534,801	224,706	4,188,412	1,881	1,712	5,839	2,002,930	286,980	466,002	25,111
Sonoma	221,512,266	5,485,334	24,008,089	3,004,191	306,837	87,953	17,188	29,014,298	3,779,489	110,832,169	30,675,477
Stanislaus	146,455,660	8,845,549	36,179,886	9,562,435	545,290	718,678	7,375	28,980,543	3,501,707	120,126	41,133,409
Sutter	33,751,525	2,610,565	8,911,189	1,835,932	120,441	19,920	9,070	7,593,025	1,197,105	50,935	6,703,392
Tehama	28,980,062	1,770,099	7,695,708	897,968	134,428	121,337	3,897	6,985,154	1,221,953	0	4,832,567
Trinity	6,849,292	453,108	1,892,644	246,017	29,372	518,740	134,375	1,069,914	135,034	0	1,482,260
Tulare	271,338,273	13,898,592	39,027,822	11,344,267	1,000,488	1,530,201	118,367	38,304,380	5,593,128	88,681,485	39,416,265
Tuolumne	20,131,841	929,115	4,441,953	643,933	72,791	806,839	652,985	1,607,223	666,706	127,514	6,683,049
Ventura	169,765,208	11,021,650	37,829,549	7,297,811	847,049	13,649,294	7,298,270	20,291,906	4,657,674	3,733,793	44,107,146
Yolo	45,843,726	3,726,202	9,655,515	3,123,852	254,153	109,237	6,584	8,149,386	2,618,921	204,252	13,136,427
Yuba	34,628,043	2,791,916	9,774,176	1,574,575	161,907	16,766	4,687	9,254,500	1,352,668	0	3,408,060
Not Reported	40,234,943	2,187,937	1,206,074	143,893	2,687	10,768,053	674,593	16,302,530	292,897	613,876	3,180,781

/1/ Nursing Facilities and Intermediate Care Facilities - Developmentally Disabled combined.

/2/ Data are limited for counties with Medi-Cal Managed Care populations.

Note: FFS = Fee-For-Service.

Payments are rounded independently and may not add to totals.

A large retroactive adjustment that was made on hospital inpatient crossover claims is not included in this data because the magnitude of the adjustment would skew the user and expenditure.

Figures in parentheses () indicate negative numbers.

TABLE 23
MEDI-CAL PROGRAM
NUMBER OF INPATIENT HOSPITALS, LONG TERM CARE FACILITIES, AND
PHYSICIANS RECEIVING MEDI-CAL PROGRAM PAYMENTS BY COUNTY OF PROVIDER
CALENDAR YEAR 1999

COUNTY OF PROVIDER	INPATIENT HOSPITALS	LONG TERM CARE FACILITIES	PHYSICIANS AND PHYSICIAN GROUPS BY SPECIALTY					
			TOTAL	GENERAL/FAMILY PRACTICE	INTERNAL MEDICINE	OB-GYN	PEDIATRIC	ALL OTHER
STATEWIDE	884	2,248	23,901	4,455	3,077	1,735	1,334	13,300
Alameda	15	105	902	145	149	64	60	484
Alpine	0	0	1	1	0	0	0	0
Amador	1	2	28	12	4	3	1	8
Butte	6	24	190	39	23	10	11	107
Calaveras	1	2	19	9	2	1	0	7
Colusa	1	1	3	0	0	0	0	3
Contra Costa	11	50	447	74	66	26	25	256
Del Norte	1	1	34	9	6	6	1	12
El Dorado	2	4	82	27	6	7	1	41
Fresno	13	84	521	105	63	57	40	256
Glenn	1	2	6	6	0	0	0	0
Humboldt	5	12	141	43	12	9	9	68
Imperial	2	6	73	12	8	7	8	38
Inyo	2	2	25	4	4	3	1	13
Kern	12	54	412	78	52	42	24	216
Kings	3	9	59	21	4	2	3	29
Lake	2	5	32	9	3	1	1	18
Lassen	1	2	14	6	1	2	2	3
Los Angeles	123	672	7,602	1,611	1,059	534	425	3,973
Madera	3	15	53	11	7	5	6	24
Marin	5	22	220	32	28	14	9	137
Mariposa	1	2	5	4	1	0	0	0
Mendocino	3	11	81	14	7	9	1	50
Merced	5	18	128	32	14	7	8	67
Modoc	2	2	7	5	0	1	0	1
Mono	1	0	5	1	0	0	0	4
Monterey	4	14	251	54	32	20	12	133
Napa	3	11	140	18	16	5	4	97
Nevada	2	8	72	16	8	9	1	38
Orange	38	100	2,021	335	241	196	96	1,153
Placer	3	17	127	27	9	7	5	79
Plumas	4	4	18	11	1	0	0	6
Riverside	20	119	795	175	117	71	47	385
Sacramento	13	53	584	108	56	53	44	323
San Benito	1	2	28	9	3	3	3	10
San Bernardino	24	147	742	178	101	63	60	340
San Diego	32	163	1,715	304	214	122	70	1,005
San Francisco	14	24	917	105	181	49	57	525
San Joaquin	8	52	519	75	34	17	22	371
San Luis Obispo	5	17	174	28	23	9	6	108
San Mateo	6	42	290	23	47	29	12	179
Santa Barbara	9	18	241	32	30	22	23	134
Santa Clara	14	85	913	135	141	75	79	483
Santa Cruz	3	12	161	34	13	14	10	90
Shasta	5	27	194	55	20	11	10	98
Sierra	1	1	0	0	0	0	0	0
Siskiyou	2	3	44	9	7	2	2	24
Solano	6	19	88	19	13	6	4	46
Sonoma	9	47	367	91	36	20	13	207
Stanislaus	6	24	326	77	33	25	22	169
Sutter	1	8	79	17	7	9	11	35
Tehama	1	4	36	12	5	3	0	16
Trinity	1	2	7	6	0	0	0	1
Tulare	5	47	236	52	35	16	16	117
Tuolumne	2	2	35	5	3	3	0	24
Ventura	11	49	497	90	66	37	30	274
Yolo	2	13	30	4	1	1	4	20
Yuba	1	2	20	5	3	0	0	12
Out of State/ Not Reported	406	5	1,144	36	62	28	35	983

Note: This table reflects only Fee-For-Service provider payments. Therefore, data are limited for counties with Medi-Cal Managed Care populations.
Paid claims and/or encounter data are not yet available; this table reflects only the claims processed by Electronic Data Systems (EDS) for providers in these counties.

Source: State of California, Department of Health Services, Medi-Cal Fee-For-Service and Delta Dental Paid Claims.

TABLE 24
MEDI-CAL PROGRAM
NUMBER OF SELECTED PROVIDERS RECEIVING MEDI-CAL PROGRAM PAYMENTS BY COUNTY OF PROVIDER
CALENDAR YEAR 1999

COUNTY OF PROVIDER	ACUPUNC- TURISTS	CHIRO- PRACTORS	DENTISTS	OPTOM- ETRISTS	ORGANIZED OUTPATIENT CLINICS	PHARMACIES	PODIATRISTS	PSYCHOL- OGISTS
STATEWIDE	733	397	8,767	1,904	366	6,011	1,050	804
Alameda	57	7	378	86	8	227	52	26
Alpine	0	0	0	0	0	0	0	0
Amador	0	3	8	6	0	9	1	1
Butte	2	3	74	24	5	41	8	3
Calaveras	0	0	3	3	0	7	1	0
Colusa	0	0	3	1	1	4	0	0
Contra Costa	4	6	178	42	13	143	23	11
Del Norte	0	4	6	3	0	7	1	0
El Dorado	0	4	27	12	1	24	3	1
Fresno	3	20	225	48	7	170	26	22
Glenn	0	3	2	1	0	4	0	0
Humboldt	3	8	53	15	3	33	6	3
Imperial	0	2	18	8	4	24	3	0
Inyo	0	1	4	4	1	5	1	0
Kern	0	17	92	35	5	125	12	7
Kings	0	2	19	11	2	16	4	0
Lake	1	6	9	5	0	16	2	0
Lassen	0	1	5	3	0	6	2	0
Los Angeles	367	72	2,997	494	106	1,820	381	314
Madera	0	5	24	5	2	22	2	0
Marin	5	2	53	9	10	37	10	5
Mariposa	0	1	3	1	0	2	0	0
Mendocino	2	3	24	8	1	19	6	1
Merced	1	5	50	19	2	34	2	0
Modoc	0	0	1	1	0	2	0	0
Mono	0	0	1	1	0	3	0	0
Monterey	2	4	104	20	6	64	11	4
Napa	1	0	20	7	2	17	2	13
Nevada	1	2	27	7	1	17	3	0
Orange	25	11	798	98	22	510	91	69
Placer	3	4	66	31	2	51	6	2
Plumas	1	0	3	4	1	8	0	0
Riverside	4	20	269	77	7	242	20	30
Sacramento	22	20	247	79	15	211	32	12
San Benito	0	0	13	2	0	7	0	0
San Bernardino	7	19	335	89	10	249	28	32
San Diego	36	30	581	150	26	468	67	137
San Francisco	97	4	286	65	13	149	55	20
San Joaquin	8	18	147	45	5	118	20	6
San Luis Obispo	3	6	64	27	3	53	13	14
San Mateo	3	0	184	13	6	95	21	5
Santa Barbara	1	0	89	24	8	61	5	2
Santa Clara	54	3	493	84	20	269	36	11
Santa Cruz	3	0	66	9	3	40	8	4
Shasta	3	8	55	25	3	52	5	6
Sierra	0	0	0	0	0	1	0	0
Siskiyou	0	1	15	4	2	15	1	0
Solano	1	0	65	17	5	43	10	2
Sonoma	8	15	119	38	8	78	17	22
Stanislaus	1	21	107	35	14	92	10	0
Sutter	0	5	36	7	3	9	0	1
Tehama	0	2	11	5	1	10	1	0
Trinity	0	0	3	0	0	6	0	0
Tulare	0	13	74	30	2	64	7	3
Tuolumne	0	1	14	6	1	12	2	0
Ventura	4	10	161	42	3	150	25	12
Yolo	0	4	37	13	2	26	5	3
Yuba	0	1	2	4	1	8	2	0
Out of State/ Not Reported	0	0	19	2	0	16	1	0

Note: This table reflects only fee-for-service payments. Therefore, Data are limited for counties with Medi-Cal Managed Care populations.
Source: State of California, Department of Health Services, Medi-Cal Fee-For-Service and Delta Dental paid claims.

TABLE 25
MEDI-CAL PROGRAM
COUNTY POPULATION, MEDI-CAL ELIGIBLES, AND
MEDI-CAL ELIGIBLES AS A PERCENT OF POPULATION
CALENDAR YEAR 1999
(COHS, HCPs, AND FFS)

COUNTY	POPULATION/1/	ELIGIBLES/2/	ELIGIBLES AS A PERCENT OF POPULATION	COUNTY	POPULATION/1/	ELIGIBLES/2/	ELIGIBLES AS A PERCENT OF POPULATION
STATEWIDE	34,035,625	5,020,392	14.8				
Alameda	1,448,700	191,657	13.2	Placer	232,000	16,053	6.9
Alpine	1,170	196	16.8	Plumas	20,200	2,627	13.0
Amador	33,650	2,575	7.7	Riverside	1,504,100	200,587	13.3
Butte	200,600	40,615	20.2	Sacramento	1,202,100	233,179	19.4
Calaveras	38,350	4,992	13.0	San Benito	49,700	5,452	11.0
Colusa	18,750	3,194	17.0	San Bernardino	1,674,700	266,151	15.9
Contra Costa	932,000	86,820	9.3	San Diego	2,883,500	306,821	10.6
Del Norte	27,450	6,307	23.0	San Francisco	797,200	106,060	13.3
El Dorado	152,400	10,696	7.0	San Joaquin	562,600	109,249	19.4
Fresno	794,200	200,462	25.2	San Luis Obispo	240,500	21,622	9.0
Glenn	26,900	5,058	18.8	San Mateo	727,300	42,529	5.8
Humboldt	126,100	22,382	17.7	Santa Barbara	408,600	44,308	10.8
Imperial	145,600	38,523	26.5	Santa Clara	1,717,600	151,981	8.8
Inyo	18,050	2,482	13.8	Santa Cruz	253,400	22,912	9.0
Kern	651,700	136,376	20.9	Shasta	165,000	32,540	19.7
Kings	127,300	22,015	17.3	Sierra	3,180	364	11.4
Lake	55,400	12,974	23.4	Siskiyou	43,750	8,335	19.1
Lassen	33,350	4,471	13.4	Solano	394,300	42,800	10.9
Los Angeles	9,790,000	1,840,786	18.8	Sonoma	447,300	35,090	7.8
Madera	116,600	26,489	22.7	Stanislaus	439,800	82,805	18.8
Marin	246,700	11,301	4.6	Sutter	77,700	13,923	17.9
Mariposa	15,900	1,988	12.5	Tehama	55,300	10,710	19.4
Mendocino	86,500	16,226	18.8	Trinity	13,050	2,335	17.9
Merced	207,000	53,339	25.8	Tulare	365,400	97,748	26.8
Modoc	9,575	2,136	22.3	Tuolumne	52,800	6,430	12.2
Mono	10,800	763	7.1	Ventura	751,600	66,003	8.8
Monterey	390,900	52,125	13.3	Yolo	158,900	21,938	13.8
Napa	124,200	8,582	6.9	Yuba	60,000	16,383	27.3
Nevada	90,500	6,611	7.3				
Orange	2,813,700	241,316	8.6				

/1/ State of California, Department of Finance, Population Estimate as of July 1, 1999.

/2/ Average Monthly Eligibles.

COHS = County Organized Health Systems; HCPs = Health Care Plans; FFS = Fee-For-Service.

Note: These figures do not include capitation adjustments.

Figures are rounded independently and may not add to totals.

These figures may disagree with previously published figures.

Source: State of California, Department of Finance, County Population Estimates.

State of California, Department of Health Services, Medi-Cal Certified CID Eligibles, Calendar Year 1999; MEDSSUM File dated April 1999;
and (Tables 14, 15 and 18)

TABLE 26
MEDI-CAL PROGRAM
PERSONS CERTIFIED ELIGIBLE BY COUNTY AND RACE/ETHNICITY
OCTOBER 1999
(COHS, HCPs, AND FFS)

COUNTY	TOTAL	RACE/ETHNICITY					
		AMERICAN INDIAN/ALASKAN NATIVE	ASIAN/ PACIFIC ISLANDER	BLACK	HISPANIC	WHITE	NOT REPORTED
STATEWIDE	5,043,628	20,475	389,896	706,098	1,973,422	1,412,881	540,856
Alameda	193,500	567	27,154	73,860	30,799	37,091	24,029
Alpine	187	99	0	2	4	61	21
Amador	2,477	27	14	10	106	2,190	130
Butte	39,664	581	3,587	1,209	4,021	27,404	2,862
Calaveras	4,957	36	27	44	196	4,394	260
Colusa	2,768	45	30	12	1,373	1,063	245
Contra Costa	86,997	138	6,677	25,130	16,627	29,190	9,235
Del Norte	6,194	456	391	31	406	4,438	472
El Dorado	10,276	67	136	72	1,312	8,026	663
Fresno	202,467	599	27,059	19,193	95,603	39,236	20,777
Glenn	4,908	114	605	25	1,349	2,375	440
Humboldt	21,781	1,701	755	357	832	16,581	1,555
Imperial	37,706	280	101	770	25,822	5,511	5,222
Inyo	2,336	372	18	15	330	1,406	195
Kern	134,444	375	2,360	14,821	59,988	45,342	11,558
Kings	20,832	67	414	1,895	10,649	5,800	2,007
Lake	12,645	309	128	460	945	9,988	815
Lassen	4,253	226	35	83	328	3,364	217
Los Angeles	1,880,651	2,636	111,455	315,690	928,641	353,101	169,128
Madera	25,560	166	197	1,113	14,607	7,367	2,110
Marin	11,165	23	643	1,096	2,842	5,498	1,063
Mariposa	1,877	55	6	7	65	1,674	70
Mendocino	15,559	1,144	141	192	2,690	10,231	1,161
Merced	52,014	132	3,900	3,448	23,416	13,279	7,839
Modoc	2,024	115	9	5	263	1,527	105
Mono	723	57	3	4	167	448	44
Monterey	47,135	70	1,495	1,988	28,213	9,756	5,613
Napa	8,667	22	116	183	2,850	4,722	774
Nevada	6,520	62	35	36	238	5,716	433
Orange	242,281	183	36,571	6,219	102,468	60,939	35,901
Placer	14,816	142	169	297	1,747	11,196	1,265
Plumas	2,579	63	3	65	104	2,167	177
Riverside	204,412	1,118	4,810	25,181	82,106	72,591	18,606
Sacramento	233,293	1,144	35,536	47,662	31,969	94,946	22,036
San Benito	5,170	5	39	35	3,360	1,243	488
San Bernardino	265,994	1,417	8,648	43,962	98,932	89,828	23,207
San Diego	308,533	1,456	21,532	44,679	101,366	99,526	39,974
San Francisco	106,344	112	19,192	22,601	12,995	23,197	28,247
San Joaquin	106,681	467	18,219	13,555	29,278	31,348	13,814
San Luis Obispo	21,310	72	308	566	5,176	13,483	1,705
San Mateo	42,149	44	3,768	4,357	15,158	10,706	8,116
Santa Barbara	44,825	168	955	1,806	24,447	12,975	4,474
Santa Clara	152,268	404	30,564	6,757	54,086	30,669	29,788
Santa Cruz	22,235	39	313	455	9,596	9,445	2,387
Shasta	31,646	746	1,326	552	998	25,799	2,225
Sierra	358	5	0	8	16	301	28
Siskiyou	8,159	294	238	179	498	6,325	625
Solano	42,368	168	3,422	13,794	6,773	13,472	4,739
Sonoma	33,829	541	1,155	1,448	7,497	19,847	3,341
Stanislaus	82,780	193	5,079	3,780	27,286	38,251	8,191
Sutter	13,173	98	964	336	3,574	6,777	1,424
Tehama	10,502	145	56	99	1,716	7,838	648
Trinity	2,217	46	9	5	27	1,993	137
Tulare	95,443	275	3,912	2,599	53,823	26,518	8,316
Tuolumne	6,287	90	41	44	195	5,532	385
Ventura	66,113	174	1,347	1,932	34,988	19,545	8,127
Yolo	21,672	176	1,635	889	6,514	10,322	2,136
Yuba	15,904	149	2,594	485	2,047	9,323	1,306

Note: COHS = County Organized Health Systems; HCPs = Health Care Plans; FFS = Fee-For-Service.
Source: State of California, Department of Health Services, MEDS Monthly Extract File (MEF), Run Date 04/23/2000.

TABLE 27
MEDI-CAL PROGRAM
NUMBER OF PROVIDERS BY PROVIDER TYPE AND STATUS
CALIFORNIA, AS OF DECEMBER 31, 1999

PROVIDER TYPE	TOTAL	ACTIVE STATUS	INACTIVE STATUS	PENDING STATUS	DECEASED STATUS	REJECTED STATUS	SUSPENDED STATUS	INDIRECT STATUS	CONTRACT STATUS
TOTAL/1/	392,491	80,145	247,544	154	3,763	3	2,159	58,461	262
Adult Day Care Centers	197	153	44	0	0	0	0	0	0
Assistive Device and Sick Room Supplier	5,341	1,341	3,921	0	5	0	72	2	0
Audiologists	1,377	436	700	1	0	0	4	236	0
Blood Banks	20	9	11	0	0	0	0	0	0
Certified Nurse Midwife	370	132	146	2	0	0	2	88	0
Chiropractors	9,411	981	7,916	1	289	0	88	136	0
Certified Pediatric Nurse Practitioner and Certified Family Nurse Practitioner	291	80	133	1	0	0	0	77	0
Christian Science Practitioners	2	2	0	0	0	0	0	0	0
Clinical Laboratories	4,075	844	3,210	1	2	0	17	1	0
Fabricating Optical Laboratory	15	5	3	0	0	0	7	0	0
Dispensing Opticians	2,245	454	1,781	0	5	0	3	2	0
Hearing Aid Dispensers	1,696	367	1,194	0	4	0	27	104	0
Home Health Agencies	2,257	666	1,589	0	0	0	2	0	0
Community Hospital Outpatient Departments	9,894	1,920	7,958	0	0	0	16	0	0
Community Hospital Inpatient	11,778	2,481	9,040	0	0	0	15	0	242
Long Term Care	11,713	2,521	9,122	1	0	0	69	0	0
Nurse Anesthetists	814	175	430	2	2	0	4	201	0
Occupational Therapists	1,395	134	937	0	2	0	0	322	0
Optometrists	7,689	2,504	4,275	1	132	0	20	757	0
Orthotists	238	55	72	0	0	0	0	111	0
Physicians Group	23,398	8,033	15,283	6	15	0	59	2	0
Optometric Group	279	214	63	0	0	0	0	2	0
Pharmacies/Pharmacist	24,487	5,347	19,069	0	3	0	68	0	0
Physical Therapists	7,199	349	6,136	1	109	0	7	597	0
Physicians	182,525	31,118	92,904	75	3,057	3	1,373	53,995	0
Podiatrists	4,849	1,653	2,845	1	70	0	76	204	0
Portable X-Ray Laboratory	231	34	187	0	2	0	8	0	0
Prosthetists	566	249	145	1	0	0	3	168	0
Ground Medical Transportation	3,519	732	2,766	1	2	0	18	0	0
Psychologists	13,872	2,953	9,941	3	46	0	108	821	0
Certified Acupuncturist	2,716	1,148	1,481	1	7	0	13	66	0
Genetic Disease Testing	2	2	0	0	0	0	0	0	0
P.L. 95-210 Rural Health Clinics and Federally Qualified Health Centers (FQHCs)	780	543	226	9	0	0	2	0	0
Speech Therapists	2,589	332	1,680	2	5	0	2	568	0
Air Ambulance Transportation Services	111	64	47	0	0	0	0	0	0
Certified Hospice Service Per AB 4249	319	186	132	1	0	0	0	0	0
Free Clinics	27	9	18	0	0	0	0	0	0
Community Clinics	1,436	410	1,021	1	0	0	4	0	0
Chronic Dialysis Clinics	755	350	401	4	0	0	0	0	0
Multispecialty Clinics	3	1	2	0	0	0	0	0	0
Surgical Clinics	372	225	147	0	0	0	0	0	0
Exempt from Licensure Clinics	102	43	59	0	0	0	0	0	0
Rehabilitation Clinics	159	110	49	0	0	0	0	0	0
County Clinics Not Associated with Hospital	138	52	86	0	0	0	0	0	0
Birthing Centers - Primary Care Clinics	1	0	1	0	0	0	0	0	0
Clinic - Otherwise Undesignated	390	0	389	0	0	0	0	1	0
Outpatient Heroin Detoxification Center	65	40	25	0	0	0	0	0	0
Alternative Birth Centers - Specialty Clinics	11	9	2	0	0	0	0	0	0
Breast Cancer Early Detection Program	404	236	166	1	0	0	1	0	0
Expanded Access to Primary Care Clinics	364	335	29	0	0	0	0	0	0
Local Education Agency	445	422	23	0	0	0	0	0	0
Health Access Program	371	361	10	0	0	0	0	0	0
County Hospital Inpatient	672	74	578	0	0	0	0	0	20
County Hospital Outpatient	207	80	127	0	0	0	0	0	0
Pediatric Subacute Care-LTC	15	15	0	0	0	0	0	0	0
Mental Health Inpatient	288	183	105	0	0	0	0	0	0
AIDS Waiver Provider	60	36	24	0	0	0	0	0	0
California Children's Service/Genetically Handicapped Person Program - Non-Institutional	40,553	8,586	31,855	35	6	0	71	0	0
California Children's Service/Genetically Handicapped Person Program - Institutional	746	351	393	2	0	0	0	0	0
Out of State	6,647	0	6,647	0	0	0	0	0	0

/1/ Includes California, Out of State, and Out of Country.

Source: State of California, Department of Health Services, Payment Systems Division, Provider Master File Unit, Medi-Cal Management Information System (MMIS),
Run Date 12/31/99.

SECTION 8

HISTORICAL MEDI-CAL PROGRAM TRENDS

MEDI-CAL PROGRAM OVERVIEW

In July 1965, two major amendments to the Social Security Act greatly expanded the scope of medical coverage available to various segments of the population. Title XVIII established the Medicare program, and Title XIX established the state-option medical assistance program known as Medicaid that provided Federal matching funds to states implementing a single comprehensive medical care program.

State legislation implementing the Title XIX program was signed in November 1965. Medi-Cal, California's medical assistance Medicaid program, became effective in March 1966. Under the provisions of Title 22 of the California Code of Regulations, the State Department of Health Services administers the Medi-Cal program and has statutory responsibility to formulate policy that conforms with Federal and State requirements.

The objective of the Medi-Cal program is to provide essential medical care and services to preserve health, alleviate sickness, and mitigate handicapping conditions for individuals or families on public assistance, or whose income is not sufficient to meet their individual needs. The covered services are generally recognized as standard medical services required in the treatment or prevention of diseases, disability, infirmity or impairment. These services are comprehensive and provide care in the major disciplines of health care.

From the inception of the Medi-Cal Program, the State has contracted with a vendor to receive and process Medi-Cal claims.

In 1992, the State released a Request for Proposal (RFP) to all interested vendors. The RFP was developed to fulfill the State's requirements for fiscal responsibilities and good administrative practices, and to meet the Federal requirements under the Medicaid Management Information System (MMIS).

Electronic Data Systems responded to this RFP and was selected in September 1992 to process Medi-Cal claims for the next 5 years.

MEDI-CAL ELIGIBLES - TABLE 28

Data included in this table are Fee-For-Service (FFS), County Organized Health Systems (COHS), and Health Care Plans (HCPs).

The Medi-Cal eligible population averaged 5.02 million persons per month in 1999. This reflects a decrease of 62,524 or 1.3 percent from 1998 and an increase of 1.3 million or 33.7 percent from 1998.

Public Assistance FFS eligibles averaged 1.50 million persons per month in 1999, a decrease of 21.4 percent from 1998.

Medically Needy eligibles averaged 436,328 persons per month in 1999, an increase of 8.8 percent from 1998.

Medically Indigent (MI) eligibles averaged 104,918 persons per month in 1999, a 25.5 percent decrease from 1998.

The Immigration Reform and Control Act (IRCA) Alien program (Aid Codes 51, 52, 56, and 57) expired December 31, 1994. IRCA is shown for 1998 and 1999, because claims continue to be paid due to the lag from time of service to time of payment.

The MI/MN Not Qualified Aliens program averaged 201,020 persons per month in 1999, a decrease of 6.9 percent from the previous year.

The Refugee/Entrant program averaged 1,190 persons per month in 1999, a decrease of 18.4 percent from 1998.

The 100 Percent Poverty, 133 Percent Poverty, 185 Percent Poverty (renamed Income Disregard), and 200 Percent Poverty programs averaged 274,998 persons per month in 1999, compared to 241,788 in 1998.

The 60-Day Postpartum program averaged 1,315 persons per month in 1999, a difference of 257 eligibles from the previous year.

The Dialysis and Total Parenteral Nutrition programs are small, with an average of 49 eligibles per month in 1999, compared to 42 in 1998.

The Qualified Medicare Beneficiary program averaged 5,502 eligibles per month in 1999, an increase of 13.9 percent from 1998.

Data for the Presumptive Eligibility for Pregnant Women program are not available.

The Medi-Cal Tuberculosis program averaged 536 eligibles per month in 1999, a decrease of 5.0 percent from 1998.

The Minor Consent program averaged 9,426 eligibles in 1999, a decrease of 32 percent from 1998.

TABLE 28
MEDI-CAL PROGRAM
ESTIMATED AVERAGE MONTHLY ELIGIBLES BY PROGRAM
CALENDAR YEARS 1990 -1999
(COHS, HCPs, AND FFS)

PROGRAM	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
TOTAL	3,755,839	4,377,669	4,853,284	5,204,359	5,390,717	5,421,262	5,378,706	5,146,850	4,957,866	5,020,390
County Organized Health Systems (COHS)	58,361	65,149	71,988	80,671	118,078	183,884	398,493	378,236	358,831	376,429
Health Care Plans (HCPs)	238,077	290,593	328,796	376,551	507,957	604,213	764,694	1,348,361	1,768,096	2,110,038
Fee-For-Service (FFS)	3,755,839/a/	4,377,669 /a/	4,853,284 /a/	5,204,359 /a/	5,390,717 /a/	4,633,165 /b/	4,215,519 /b/	3,420,253 /b/	2,830,939 /b/	2533923/b/
Public Assistance	3,028,904	3,442,846	3,701,405	3,911,384	4,079,538	3,374,020	3,003,037	2,334,308	1,819,782	1,498,638
Medically Needy	354,674	403,378	480,429	560,808	576,531	543,081	499,471	442,442	400,977	436,328
Medically Indigent	154,133	178,157	209,366	236,765	253,875	249,073	228,084	181,671	131,686	104,918
IRCA Aliens	29,522	49,547	62,441	40,944	13,459	181	60	7	2	0
MI/MN Not Qualified Aliens	129,997	214,075	281,325	309,076	300,469	282,743	279,284	238,591	215,853	201,020
Refugee/Entrant	10,287	10,794	8,333	8,515	7,311	5,647	2,913	1,810	1,459	1,190
100 Percent Poverty	NA	69	1,635	4,770	9,085	15,610	24,033	31,705	52,082	75,620
133 Percent Poverty	5,970	22,119	38,394	53,734	64,137	75,087	84,560	88,070	94,681	95,907
185 Percent Poverty (renamed Income Disregard)	35,586	49,317	62,290	70,140	74,054	82,058	87,705	89,765	94,157	102,647
200 Percent Poverty	2,122	3,128	3,512	3,441	1,997	1,260	1,097	941	868	824
60-Day Postpartum	3,428	2,224	1,986	2,036	1,790	1,760	1,870	1,730	1,572	1,315
Dialysis	57	58	51	35	29	25	25	35	34	41
Total Parenteral Nutrition	9	9	9	10	9	9	10	9	8	8
Qualified Medicare Beneficiary	1,151	1,948	2,107	2,602	1,587	2,233	2,769	3,838	4,737	5,502
Presumptive Eligibility for Pregnant Women	NA	NA	NA	99	6,842	INA	INA	INA	INA	0
Medi-Cal Tuberculosis Program	NA	NA	NA	NA	5	377	602	550	564	536
Minor Consent	NA	NA	NA	NA	NA	NA	NA	4,774	12,460	9,426

INA Information Not Available.

NA Not Applicable.

/a/ Includes COHS, HCPs, and FFS.

/b/ Includes FFS Only.

Note: IRCA = Immigration Reform and Control Act; OBRA Omnibus Budget Reconciliation Act.

Averages are rounded independently and may not add to totals.

Source: State of California, Department of Health Services, Medi-Cal Certified CID Eligibles, Calendar Year Reports; Prepaid Health Plan Status Code 1 Reports; and MEDSSUM File dated April 2000.

MEDI-CAL PAYMENTS - TABLE 29

Data included in this table are Fee-For-Service (FFS), County Organized Health Systems (COHS), and Health Care Plans (HCPs).

During 1999, Medi-Cal program payments ran \$13.48 billion. This reflects an increase of \$987.2 million or 7.9 percent from 1998 and an increase of \$13.5 million or 197.5 percent from 1990.

Public Assistance, the largest group in terms of total FFS expenditures, received \$5.70 billion in services during 1999, a 2.5 percent increase from 1998.

The Medically Needy group received \$3.28 billion in services during 1999, an increase of 5.7 percent from 1998.

Medically Indigents received a total of \$278.2 million in services during 1999, compared to \$293.9 million or a 5.3 percent increase in 1998.

The Aliens and Refugee/Entrants received a total of \$488.4 million in services during 1999, a decrease of 2.8 percent from 1998. The Immigration Reform and Control Act (IRCA) Alien program (Aid Codes 51, 52, 56, and 57) expired December 31, 1994. IRCA is shown for 1998 and 1999, because claims continue to be paid due to the lag from time of service to time of payment.

The 100 Percent Poverty, 133 Percent Poverty, 185 Percent Poverty (renamed Income Disregard), and 200 Percent Poverty programs ran \$436.8 million during 1999, a 21.7 percent increase from the previous year.

The 60-Day Postpartum program ran \$2.7 million during 1999, a 3.9 percent decrease from 1998.

The Dialysis and Total Parenteral Nutrition programs ran \$228 thousand during 1999, a 18.8 percent increase from 1998.

The Qualified Medicare Beneficiary program ran \$16.8 million in 1999, compared to \$41.9 million in 1998, or a 59.9 percent decrease.

The Presumptive Eligibility for Pregnant Women program ran \$87.2 million during 1999 and \$73.3 million in 1998, or a 18.8 percent increase.

The Medi-Cal Tuberculosis program ran \$351 thousand during 1999, compared to \$387 thousand in 1998, or a 9.3 percent decrease.

The Minor Consent program ran \$47.8 million in 1999, compared to \$42.2 in prior year, or a 13.1 percent increase.

The increase in expenditures in 1998 from previous years is attributable to a higher rate of use by beneficiaries, reimbursement rate increases to providers, inflation, and changes in services.

TABLE 29
MEDI-CAL PROGRAM
ESTIMATED TOTAL ANNUAL PAYMENTS BY PROGRAM
CALENDAR YEARS 1990-1999
(In thousands)
(COHS, HCPs, AND FFS)

PROGRAM	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
TOTAL	\$6,821,766	\$8,041,267	\$9,465,554	\$10,368,797	\$10,825,560	\$11,133,016	\$11,897,872	\$12,043,071	\$12,494,530	\$13,481,729
County Organized Health Systems (COHS)	\$91,531	\$104,819	\$118,393	\$135,052	\$218,148	\$303,616	\$667,482	\$672,072	\$775,616	\$899,162
Health Care Plans (HCPs)	\$249,669	\$316,880	\$367,576	\$444,010	\$599,794	\$705,719	\$865,952	\$1,371,379	\$1,689,188	\$2,200,332
Fee-For-Service (FFS)	\$6,821,766/a/	\$8,041,267/a/	\$9,465,554/a/	\$10,368,797/a/	\$10,825,560/a/	\$10,123,681/b/	\$10,364,438/b/	\$9,999,620/b/	\$10,029,725 /b/	\$10,382,235/b/
Public Assistance	3,991,904	4,603,347	5,370,713	5,946,198	6,327,335	5,626,657	5,836,519	5,606,520	5,560,078	5,700,102
Medically Needy	1,977,077	2,317,443	2,708,682	2,990,903	3,144,336	3,075,507	3,113,555	3,079,234	3,105,472	3,283,563
Medically Indigent	245,784	258,141	298,723	330,357	364,537	371,857	362,780	324,040	293,894	278,206
IRCA Aliens	83,024	120,620	152,720	105,299	30,138	6,130	816	294	147	124
MI/MN Not Qualified Aliens	391,422	546,228	699,691	720,469	647,513	629,846	629,894	548,281	495,788	482,900
Refugee/Entrant	14,159	16,477	19,092	24,829	24,654	23,214	12,302	9,002	6,511	5,331
100 Percent Poverty	NA	/c/	358	1,678	3,352	5,499	8,960	12,904	24,317	42,790
133 Percent Poverty	789	9,257	17,914	26,325	33,229	39,105	45,586	47,245	51,817	56,833
185 Percent Poverty (renamed Income Disregard)	104,268	149,887	177,982	201,842	208,727	232,316	268,289	257,724	282,042	336,576
200 Percent Poverty	5,521	11,466	11,275	11,156	6,309	3,374	2,222	1,188	776	589
60-Day Postpartum	1,765	1,668	1,735	2,093	1,704	1,900	1,585	1,836	2,773	2,665
Dialysis	260	363	342	269	364	1,019	157	296	168	211
Total Parenteral Nutrition	316	201	280	281	181	329	160	128	24	17
Qualified Medicare Beneficiary	104	300	504	899	1,407	1,398	1,630	3,056	41,944	16,823
Presumptive Eligibility for Pregnant Women	NA	NA	NA	3	10,985	25,782	45,797	59,186	73,344	87,157
Medi-Cal Tuberculosis Program	NA	NA	NA	NA	/c/	74	179	243	387	351
Minor Consent	NA	NA	NA	NA	NA	NA	NA	7,139	42,232	47,753
Not Reported	5,372	5,868	5,542	6,196	20,788	79,673	34,008	41,302	48,003	40,234

INA Information Not Available.

NA Not Applicable.

/a/ Includes COHS, HCPs, and FFS.

/b/ Includes FFS Only.

Note: IRCA = Immigration Reform and Control Act; OBRA Omnibus Budget Reconciliation Act.

Payments are rounded independently and may not add to totals.

Source: State of California, Department of Health Services, Medi-Cal Certified CID Eligibles, Calendar Year Reports; Prepaid Health Plan Status Code 1 Reports; Rate Sheet for Managed Care Plans; and MEDSSUM File dated April 2000.

APPENDICES

Appendix A Definitions of Terms

Appendix B Aid Codes Master Chart

Appendix C Selected Medical Care Statistics Reports
Selected Medical Care Statistics Reports Available on Diskette
Publication Order Form

APPENDIX A

DEFINITIONS OF TERMS

DEFINITIONS OF TERMS

The following defines commonly used terms used in discussions of Medi-Cal. The definitions are essentially correct, but some are much more complex than indicated below.

Beneficiary:	Inconsistently used to indicate a person who receives service (user or recipient) or a person eligible for service.
Capitate: Caption	Refers to the payment of a set amount of money per month per person to an agency. The agency then provides medical care for all persons paid for. Essentially an insurance premium arrangement.
CID	The Centralized Identification system was a computer system which mailed out Medi-Cal ID cards each month to eligibles. Some reports on eligibility still use this term.
COHS:	County Organized Health Systems. Under this approach, the county acts as the primary contractor serving most Medi-Cal beneficiaries in the county. The DOHS receive a capitated rate for each beneficiary in the county, and assume full financial risk.
Costs:	Medi-Cal Program payments or expenditures, usually to providers for services rendered. But may include all program expenditures.
Crossover: (X-over)	Refers to a claim that has been processed and paid in part by Medicare and then processed by Medi-Cal for those with dual eligibility. Also referred to as Medi-Medi Claim.
Encounter:	Service/Supply rendered to a Medi-Cal beneficiary. Also referred to as a Shadow Claim if the Service/Supply is rendered under Managed Care.
Eligibles:	Persons who have been processed through the system and determined to meet the criteria for receiving medical assistance under the Medi-Cal Program.
Enrollees:	Eligibles who have joined Managed Care Plans.
Expenditures:	See Costs.
Family P.A.C.T	Family P.A.C.T. (also known as SOFTP – State Only Family Planning). Comprehensive family planning services for low income residents of California with no other source of health care coverage.

DEFINITIONS OF TERMS, Continued

Federal Financial Participation: (FFP)	The amount of money the Federal Government pays in the operation of the Medicaid Program. FFP varies from 50 percent to 90 percent depending on type of service and meeting of stipulated criteria.
Fee-For-Service: (FFS)	Used to distinguish regular Medi-Cal Program from the Managed Care Program: "Fee-For-Service eligibles" are persons not enrolled in Managed Care Plans.
GMC:	Geographic Managed Care. Under this approach, the Medi-Cal Program negotiates contracts directly with providers to accept beneficiaries within a specified area, again paying a monthly rate based on the estimated cost of providing services to similar beneficiaries under the fee-for-service-system. The Department implemented this approach in Sacramento County in April 1994.
HCPs:	Health Care Plans. Medi-Cal contracts with private entities to provide care to specific beneficiary categories that include the managed care models COHS, GMC, PHP, PCCM, and Two-Plan Model.
HMO:	Health Maintenance Organization. (See HCPs)
Linked:	Individuals who meet the federal definition of aged (65 years of age or older), blind, or disabled or families with children where the children are deprived of parental support or care due to the absence, death, incapacity, or unemployment of a parent.
Medi-Cal:	California's name for Medicaid, includes the federal and state program of medical assistance for needy and low-income persons. (Federal designation of the Medical Assistance Program authorized under Title XIX of the Social Security Act.)
Medi-Cal Card:	An identification card given to Medi-Cal eligibles.
Medically Indigent:	Individuals who are eligible for Medi-Cal but are not in any other category, such as not in the Public Assistance or Medically needy category, because they are not linked. For example, a child who lives in a two parent family with moderate income, but limited property who is not deprived is Medically Indigent.

DEFINITIONS OF TERMS, Continued

Medically Needy:	Individuals and families eligible for Medi-Cal because they are linked, but who are not in the Public Assistance category. This category also includes linked individuals in specialized programs such as those who are in long term care, Section 1931(b), but who are not receiving CalWORKs concurrently, or who are receiving Transitional Medi-Cal. For example, a person who is over age 65 but has too much income to qualify for SSI/SSP is Medically Needy.
Medicare:	The Federal Social Security Program (Title XVIII of the Social Security Act) provides medical care to aged and certain disabled persons.
MEDS:	Medi-Cal Eligibility Data System. A major Electronic Data Processing (EDP) system providing online access to over 17 million records of current or former Welfare, Medi-Cal, or County Medical Services Program (CMSP) clients to support administration of those programs and delivery of benefits.
MEDSSUM File:	An eligibility summary file that summarized the number of eligibles by aid code and county on a monthly basis for each month of eligibility.
Minor Consent:	Covers minors under 21. Limited to services related to sexually transmitted diseases, sexual assault, drug and alcohol abuse, pregnancy, family planning and outpatient mental health treatment.
Paid Claims:	A claim for medical services paid in behalf of a Medi-Cal eligible. Claims data are captured on computer tape and comprise the major database of the Program. Usually "paid claims" refers to this database rather than the actual document.
PCCM:	Primary Care Case Management. PCCM plans are paid a monthly capitation rate to manage selected outpatient services to Medi-Cal beneficiaries enrolled in the plan.
Percent Programs: Pregnant Women Infants and Children	These programs provide zero share of cost Medi-Cal to (1) pregnant women and infants up to age 1 with family income at or under 200 percent of the federal poverty level (FPL) generally referred to as the Income Disregard program; (2) children ages 1 up to age six with family income at or under 133 percent of the FPL (the 133 Percent program); and (3) children ages 6 up to nineteen with family income at or under 100 percent of the FPL (the 100 Percent program).
PHPs:	Prepaid Health Plans. Now referred to as Health Care Plans (HCPs).

DEFINITIONS OF TERMS, Continued

Provider	Any individual, group, business, or facility authorized to bill the Medi-Cal Program for services rendered to Medi-Cal eligibles. Includes the full scope of practitioners and facilities, such as physicians, hospitals, chiropractors, pharmacies, nursing facilities, intermediate care facilities, home health agencies, etc.
Public Assistance:	Refers to those individuals eligible for cash assistance under various programs such as the Supplemental Security Income/State Supplementary Program (SSI/SSP), the California Work Opportunities and Responsibility to Kids program (CalWORKs), the In-Home Supportive Services program or the Aid to Families with Dependent Children Foster Care program. This category also includes some individuals whose Medi-Cal eligibility is derived from these programs such as former SSI/SSP recipients who for varying reasons continue to be eligible for Medi-Cal with no share of cost, such as those who are eligible under the Pickle program
Recipient:	A user of a specified type of service.
SDX:	State Data Exchange: The computer tapes received from Social Security Administration which contain names and addresses of persons eligible for Medicare and Medi-Cal concurrently.
Services	What providers provide Medi-Cal patients and are paid for by the Medi-Cal Program. Services have to be defined within the context in which they're reported. For example, the units of service for inpatient hospital services are patient days, the unit in prescription drugs is prescriptions, the unit in outpatient visits is visits, etc.
SSI/SSP:	Supplemental Security Income/State Supplementary Payment. If you get a SSI/SSP grant, Medi-Cal eligibility is automatically set up by your Social Security district office.
Two-Plan Model:	Two-Plan Contractors now provide or are preparing to provide medical services to nearly all Medi-Cal recipients in 12 counties (Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, San Bernardino, San Francisco, San Joaquin, Santa Clara, Stanislaus and Tulare). The Department will contract with only two managed care plans. One plan will be a locally developed, comprehensive managed care system referred to as the Local Initiative. The other plan will be a non-governmentally operated Health Management Organization referred to as the Commercial Plan
Vendor:	See Provider

APPENDIX B

AID CODES MASTER CHART

The following was excerpted from the EDS Provider Manual, available at:

<http://files.medi-cal.ca.gov/pubsdoco/pubsframe.asp>

Aid Codes Master Chart

100-25

The following aid codes identify the types of services for which different Medi-Cal/CMSP recipients are eligible.

Code	Benefits	SOC	Program/Description
0A	Full	No	Refugee Cash Assistance (FF). Includes unaccompanied children. Covers all eligible refugees during their first eight months in the United States. Unaccompanied children are not subject to the eighth-month limitation provision. This population is the same as aid code 01, except that they are exempt from grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
01	Full	No	Refugee Cash Assistance (FFP). Includes unaccompanied children. Covers all eligible refugees during their first eight months in the United States. Unaccompanied children are not subject to the eighth-month limitation provision.
02	Full	Y/N	Refugee Medical Assistance/Entrant Medical Assistance (FFP). Covers refugees and entrants who need Medi-Cal and who do not qualify for or want cash assistance.
03	Full	No	Adoption Assistance Program (AAP) (FFP). A cash grant program to facilitate the adoption of hard-to-place children who would require permanent foster care placement without such assistance.
04	Full	No	Adoption Assistance Program/Aid for Adoption of Children (AAP/AAC) (non-FFP). Covers cash grant children receiving Medi-Cal by virtue of eligibility to AAP/AAC benefits.
07	Restricted to emergency services	No	Asset Waiver Program. Infant – Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides emergency services only for infants up to age 1 year and continues beyond one year when inpatient status, which began before 1 st birthday, continues and family income is between 185 percent and 200 percent of the Federal poverty level (State-only program).
08	Full	No	Entrant Cash Assistance (ECA) (FFP). Provides ECA benefits to Cuban/Haitian entrants, including unaccompanied children who are eligible, during their first eight months in the United States. (For entrants, the month begins with their date of parole.) Unaccompanied children are not subject to the eighth-month limitation provision.
1H	Full	No	<u>Federal Poverty Level – Aged (FPL-Aged) Provide full scope (no Share of Cost) Medi-Cal to qualified aged individuals/couples.</u>
1U	<u>Restricted to pregnancy and emergency services</u>	No	<u>Restricted Federal Poverty Level – Aged (Restricted FPL-Aged) Provides emergency and pregnancy-related benefits (no Share of Cost) to qualified aged individuals/couples who do not have satisfactory immigration status.</u>
10	Full	No	SSI/SSP Aid to the Aged (FFP). A cash assistance program administered by the SSA which pays a cash grant to needy persons 65 years of age or older.
13	Full	Y/N	Aid to the Aged – LTC (FFP). Covers persons 65 years of age or older who are medically needy and in LTC status.
14	Full	No	Aid to the Aged – Medically Needy (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.

Code	Benefits	SOC	Program/Description
16	Full	No	Aid to the Aged – Pickle Eligibles (FFP). Covers persons 65 years of age or older who were eligible for and receiving SSI/SSP and Title II benefits concurrently in any month since April 1977 and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II cost-of-living increases were disregarded. These persons are eligible for Medi-Cal benefits as public assistance recipients in accordance with the provisions in the <u>Lynch v. Rank</u> lawsuit.
17	Full	Yes	Aid to the Aged – Medically Needy, SOC (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required.
18	Full	No	Aid to the Aged – IHSS (FFP). Covers aged IHSS cash recipients, 65 years of age or older, who are not eligible for SSI/SSP cash benefits.
20	Full	No	SSI/SSP Aid to the Blind (FFP). A cash assistance program, administered by the SSA, which pays a cash grant to needy blind persons of any age.
23	Full	Y/N	Aid to the Blind – LTC Status (FFP). Covers persons who meet the federal criteria for blindness, are medically needy, and are in LTC status.
24	Full	No	Aid to the Blind – Medically Needy (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.
26	Full	No	Aid to the Blind – Pickle Eligibles (FFP). Covers persons who meet the federal criteria for blindness and are covered by the provisions of the <u>Lynch v. Rank</u> lawsuit. (See aid code 16 for definition of Pickle eligibles.)
27	Full	Yes	Aid to the Blind – Medically Needy, SOC (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC is required of the beneficiaries.
28	Full	No	Aid to Blind – IHSS (FFP). Covers persons who meet the federal definition of blindness and are eligible for IHSS. (See aid code 18 for definition of eligibility for IHSS.)
3A	Full	No	California Alternative Assistance Program – Aid to Families with Dependent Children, Family Group (CAAP-AFDC [FG]) (FFP). Individuals who have declined a federal cash grant and instead will receive child care assistance and Medi-Cal.
3C	Full	No	California Alternative Assistance Program – Aid to Families with Dependent Children, Unemployed Parent Group (CAAP-AFDC [U]) (FFP). Individuals who have declined a federal cash grant and instead will receive child care assistance and Medi-Cal.
3E	Full	No	CalWORKS LEGAL IMMIGRANT – FAMILY GROUP (FFP). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent.

Code	Benefits	SOC	Program/Description
3G	Full	No	AFDC-FG (State only) (non-FFP cash grant FFP for Medi-Cal eligibles). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent, who does <u>not</u> meet all federal requirements, but State rules require the individual(s) be aided. This population is the same as aid code 32, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3H	Full	No	AFDC-FU (State only) (non-FFP cash grant FFP for Medi-Cal eligibles). Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home. This population is the same as aid code 33, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3L	Full	No	CalWORKS LEGAL IMMIGRANT – FAMILY GROUP (FFP). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent.
3M	Full	No	CalWORKS LEGAL IMMIGRANT – UNEMPLOYED (FFP). Provides aid to families in which a child is deprived because of the unemployment of a parent living in the home.
3N	Full	No	AFDC – Mandatory Coverage Group Section 1931(b) (FFP). Section 1931 requires Medi-Cal be provided to low-income families who meet the requirements of the Aid to Families with Dependent Children (AFDC) State Plan in effect July 16, 1996.
3P	Full	No	AFDC Unemployed Parent (FFP cash) – Aid to families in which a child is deprived because of the unemployment of a parent living in the home and the unemployed parent meets all federal AFDC eligibility requirements. This population is the same as aid code 35, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3R	Full	No	Aid to Families with Dependent Children (AFDC) – Family Group (FFP) in which the child(ren) is deprived because of the absence, incapacity or death of either parent. This population is the same as aid code 30, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3T	Restricted to pregnancy and emergency services	No	Initial Transitional Medi-Cal (TMC) (FFP). Provides six months of emergency and pregnancy-related initial TMC benefits (no SOC) for aliens who do not have satisfactory immigration status (SIS) and have been discontinued from Section 1931(b) due to increased earnings from employment.
3U	Full	No	CalWORKS LEGAL IMMIGRANT – UNEMPLOYED (FFP). Provides aid to families in which a child is deprived because of the unemployment of a parent living in the home.
3V	Restricted to pregnancy and emergency services	No	Section 1931(b) (FFP). Provides emergency and pregnancy-related benefits (no SOC) for aliens without SIS who meet the income, resources and deprivation requirements of the AFDC State Plan in effect July 16, 1996.

Code	Benefits	SOC	Program/Description
30	Full	No	AFDC-FG (FFP). Provides aid to families with dependent children in a family group in which the child(ren) is deprived because of the absence, incapacity or death of either parent.
32	Full	No	AFDC-FG (State only) (non-FFP cash grant FFP for Medi-Cal eligibles). Provides aid to families in which a child is deprived because of the absence, incapacity, or death of either parent, who does <u>not</u> meet all federal requirements, but State rules require the individual(s) be aided.
33	Full	No	AFDC – Unemployed Parent (State-only program) (non-FFP cash grant FFP for Medi-Cal eligibles). Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home.
34	Full	No	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only.
35	Full	No	AFDC-U (FFP cash). Provides aid to families in which a child is deprived because of unemployment of a parent living in the home, and the unemployed parent meets all federal AFDC eligibility requirements.
36	Full	No	Aid to Disabled Widow/ers (FFP). Covers persons who began receiving Title II SSA before age 60 who were eligible for and receiving SSI/SSP and Title II benefits concurrently and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II disabled widow/ers reduction factor and subsequent COLAs were disregarded.
37	Full	Yes	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required of the beneficiaries.
38	Full	No	Continuing Medi-Cal Eligibility (FFP). <i>Edwards v. Kizer</i> court order provides for uninterrupted, no SOC Medi-Cal benefits for families discontinued from AFDC until the family's eligibility or ineligibility for Medi-Cal only has been determined and an appropriate <i>Notice of Action</i> sent.
39	Full	No	Initial Transitional Medi-Cal (TMC) – Six Months Continuing Eligibility (FFP). Provides coverage to certain clients subsequent to AFDC cash grant discontinuance due to increased earnings, increased hours of employment or loss of the \$30 and 1/3 disregard.
4A	Full	No	Adoption Assistance Program (AAP). Program for AAP children for whom there is a state-only AAP agreement between any state other than California and adoptive parent(s).
4C	Full	No	AFDC-FC Voluntarily Placed (Fed) (FFP). Provides financial assistance for those children who are in need of substitute parenting and who have been voluntarily placed in foster care.
4F	Full	No	Kinship Guardianship Assistance Payment (Kin-GAP). Federal program for children in relative placement receiving cash assistance.
4G	Full	No	Kin-GAP. State-only program for children in relative placement receiving cash assistance.
4K	Full	No	Emergency Assistance (EA) Program (FFP). Covers juvenile probation cases placed in foster care.
<u>4M</u>	<u>Full</u>	<u>No</u>	<u>Former Foster Care Children (FFCC) 18 through 20 years of age. Provides full-scope Medi-Cal benefits to former foster care children who were receiving benefits on their 18th birthday in aid codes 40, 42, 45, 4C and 5K and who are under 21 years of age.</u>

Code	Benefits	SO C	Program/Description
40	Full	No	AFDC-FC/Non-Fed (State FC). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.
42	Full	No	AFDC-FC/Fed (FFP). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.
44	Restricted to pregnancy-related services	No	Income Disregard Program. Pregnant (FFP) United States Citizen/Permanent Resident Alien/PRUCOL Alien. Provides family planning, pregnancy-related and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level.
45	Full	No	Children Supported by Public Funds (FFP). Children whose needs are met in whole or in part by public funds other than AFDC-FC.
47	Full	No	Income Disregard Program (FFP). Infant – United States Citizen, Permanent Resident Alien/PRUCOL Alien. Provides full Medi-Cal benefits to infants up to one year old and continues beyond one year when inpatient status, which began before first birthday, continues and family income is at or below 200 percent of the federal poverty level.
48	Restricted to pregnancy-related services	No	Income Disregard Program. Pregnant – Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides family planning, pregnancy-related and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level. Routine prenatal care is non-FFP. Labor, delivery and emergency prenatal care are FFP.
49	Restricted to pregnancy-related services	No	Income Disregard Program. Pregnancy – Amnesty Alien. Provides family planning, pregnancy-related and postpartum services to any age female with income at or below 200 percent of the federal poverty level.
5F	Restricted to pregnancy and emergency services	Y/N	OBRA Aliens. Covers non-immigrant and undocumented aliens who do not have proof of permanent resident alien, PRUCOL or amnesty alien status, but who are otherwise eligible for Medi-Cal.
5K	Full	No	Emergency Assistance (EA) Program (FFP). Covers child welfare cases placed in EA foster care.
5T	Restricted to pregnancy and emergency services	No	Continuing TMC (FFP). Provides an additional six months of continuing emergency and pregnancy-related TMC benefits (no SOC) to qualifying aid code 3T recipients.
5W	Restricted to pregnancy and emergency services	No	Four Month Continuing (FFP). Provides four months of emergency and pregnancy-related benefits (no SOC) for aliens without SIS who are no longer eligible for Section 1931(b) due to the collection or increased collection of child/spousal support.

Code	Benefits	SOC	Program/Description
5X	Full	No	Second Year Transitional Medi-Cal (TMC). Provides a second year of full-scope (no SOC) TMC benefits for citizens and qualified aliens age 19 and older who have received six months of additional full-scope TMC benefits under aid code 59 and who continue to meet the requirements of additional TMC. (State-only program.)
5Y	Restricted to pregnancy and emergency services	No	Second Year TMC (state only). Provides a second year of continuing emergency and pregnancy related TMC benefits (no SOC) to qualifying aid code 5T recipients 19 years of age or older.
50	Restricted to CMSP emergency services only	Y/N	CMSP. MI – Restricted. Covers persons who have undetermined immigration status.
53	Restricted to LTC services only	Y/N	Medically Indigent – LTC (Non-FFP). Covers persons age 21 or older and under 65 years of age who are residing in a Skilled Nursing or Intermediate Care Facility (SNF or ICF) and meet all other eligibility requirements of medically indigent, with or without SOC.
54	Full	No	Four-Month Continuing Eligibility (FFP). Covers persons discontinued from AFDC due to the increased collection of child/spousal support payments but eligible for Medi-Cal only.
55	Restricted to pregnancy and emergency services	No	Aid to Undocumented Aliens in LTC Not PRUCOL. Covers undocumented aliens in LTC not Permanently Residing Under Color Of Law (PRUCOL). LTC services: State-only funds; emergency and pregnancy-related services: State and federal funds. Recipients will remain in this aid code even if they leave LTC.
58	Restricted to pregnancy and emergency services	Y/N	OBRA Aliens. Covers nonimmigrant and undocumented aliens who do not have proof of permanent resident alien, PRUCOL or amnesty alien status, but who are otherwise eligible for Medi-Cal.
59	Full	No	Additional TMC – Additional Six Months Continuing Eligibility (FFP). Covers persons discontinued from AFDC due to the expiration of the \$30 plus 1/3 disregard, increased earnings or hours of employment, but eligible for Medi-Cal only, may receive this extension of TMC.
6A	Full	No	Disabled Adult Child(ren) (DAC)/Blindness (FFP).
6C	Full	No	Disabled Adult Child(ren) (DAC)/Disabled (FFP).

Code	Benefits	SO C	Program/Description
6G	Full	No	250 Percent Program Working Disabled. Provides full-scope Medi-Cal benefits to working disabled recipients who meet the requirements of the 250 Percent Program.
6H	Full	No	<u>Federal Poverty Level – Disabled (FPL-Disabled) Provides full scope (no Share of Cost) Medi-Cal to qualified disabled individuals/couples.</u>
6N	Full	No	Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)/No Longer Disabled Recipients (FFP). Former SSI disabled recipients (adults and children not in aid code 6R) who are appealing their cessation of SSI disability.
6P	Full	No	PRWORA/No Longer Disabled Children (FFP). Covers children under age 18 who lost SSI cash benefits on or after July 1, 1997, due to PRWORA of 1996, which provides a stricter definition of disability for children.
6R	Full	No	No longer Disabled Children (FFP). Covers former SSI disabled children under age 18 who lost SSI cash benefits due to cessation of disability and who are appealing their cessation of SSI disability.
6U	<u>Restricted to pregnancy and emergency services</u>	No	<u>Restricted Federal Poverty Level – Disabled (Restricted FPL-Disabled) Provides emergency and pregnancy-related benefits (no Share of Cost) to qualified disabled individuals/couples who do not have satisfactory immigration status.</u>
6V	Full	No	Aid to the Disabled – DDS Waiver (FFP). Covers persons who qualify for the Department of Developmental Services (DDS) Regional Waiver.
6W	Full	Yes	Aid to the Disabled – DDS Waiver (FFP). Covers persons who qualify for the Department of Developmental Services (DDS) Regional Waiver.
6X	Full	No	Aid to the Disabled – Model Waiver (FFP). Covers persons who qualify for the Model Waiver.
6Y	Full	Yes	Aid to the Disabled – Model Waiver (FFP). Covers persons who qualify for the Model Waiver.
60	Full	No	SSI/SSP Aid to the Disabled (FFP). A cash assistance program administered by the SSA that pays a cash grant to needy persons who meet the federal definition of disability.
63	Full	Y/N	Aid to the Disabled – LTC Status (FFP). Covers persons who meet the federal definition of disability who are medically needy and in LTC status.
64	Full	No	Aid to the Disabled – Medically Needy (FFP). Covers persons who meet the federal definition of disability and do not wish or are not eligible for cash grant, but are eligible for Medi-Cal only.
65	Full	Y/N	Aid to the Disabled Substantial Gainful Activity/Aged, Blind, Disabled – Medically Needy IHSS (non-FFP). Covers persons who (a) were once determined to be disabled in accordance with the provisions of the SSI/SSP program and were eligible for SSI/SSP but became ineligible because of engagement in substantial gainful activity as defined in Title XVI regulations. They must also continue to suffer from the physical or mental impairment that was the basis of the disability determination or (b) are aged, blind or disabled medically needy and have the costs of IHSS deducted from their monthly income.

Code	Benefits	SO C	Program/Description
66	Full	No	Aid to the Disabled Pickle Eligibles (FFP). Covers persons who meet the federal definition of disability and are covered by the provisions of the <u>Lynch v. Rank</u> lawsuit. No age limit for this aid code.
67	Full	Yes	Aid to the Disabled – Medically Needy, SOC (FFP). (See aid code 64 for definition of Disabled – MN.) SOC is required of the beneficiaries.
68	Full	No	Aid to the Disabled IHSS (FFP). Covers persons who meet the federal definition of disability and are eligible for IHSS. (See aid codes 18 and 65 for definition of eligibility for IHSS).
69	Restricted to emergency services	No	Income Disregard Program. Infant (FFP) – Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides emergency services only for infants under 1 year of age and beyond 1 year when inpatient status, which began before 1st birthday, continues and family income is at or below 200 percent of the Federal poverty level.
7A	Full	No	100 Percent Program. Child (FFP) – United States Citizen, Lawful Permanent Resident/PRUCOL/(IRCA Amnesty Alien [ABD or Under 18]). Provides full benefits to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status began before the 19th birthday and family income is at or below 100 percent of the Federal poverty level.
7C	Restricted to pregnancy and emergency services	No	100 Percent Program. Child – Undocumented/Nonimmigrant Status/(IRCA Amnesty Alien (Not ABD or Under 18)). Covers emergency and pregnancy-related services to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the Federal poverty level.
7F	Valid for pregnancy verification office visit	No	Presumptive Eligibility (PE) – Pregnancy Verification (FFP). This option allows the Qualified Provider to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7F is valid for pregnancy test, initial visit, and services associated with the initial visit. Persons placed in 7F have pregnancy test results that are negative.
7G	Valid only for ambulatory prenatal care services	No	Presumptive Eligibility (PE) – Ambulatory Prenatal Care Services (FFP). This option allows the Qualified Provider to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7G is valid for Ambulatory Prenatal Care Services. Persons placed in 7G have pregnancy test results that are positive.
7H	Valid only for TB-related outpatient services	No	Medi-Cal Tuberculosis (TB) Program. Covers individuals who are TB-infected for TB-related outpatient services only.
7M	Valid for Minor Consent services	Y/N	Minor Consent Program (Non-FFP). Covers minors aged 12 and under 21. Limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, and family planning.
7N	Valid for Minor Consent services	No	Minor Consent Program (FFP). Covers pregnant female minors under age 21. Limited to services related to pregnancy and family planning.
7P	Valid for Minor Consent services	Y/N	Minor Consent Program (Non-FFP). Covers minors age 12 and under 21. Limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, family planning and outpatient mental health treatment.

Code	Benefits	SOC	Program/Description
7R	Valid for Minor Consent services	Y/N	Minor Consent Program (FFP). Covers minors under age 12. Limited to services related to family planning and sexual assault.
7X	Full	No	<u>One-Month Healthy Families (HF) Bridge (FFP). Provides one additional calendar month of health care benefits with no Share of Cost, through the same health care delivery system, to Medi-Cal-eligible children meeting the criteria of the HF Bridging Program.</u>
70	Restricted to pregnancy-related services	No	Asset Waiver Program (Pregnant). United States Citizen, Permanent Resident Alien/PRUCOL Alien or Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides family planning, pregnancy-related, and postpartum services under the state-only funded expansion of the Medi-Cal program for a pregnant woman having income between 185 percent and 200 percent of the federal poverty level (State-Only Program).
71	Restricted to dialysis and supplemental dialysis-related services	Y/N	Medi-Cal Dialysis Only Program/Medi-Cal Dialysis Supplement Program (DP/DSP) (Non-FFP). Covers persons of any age who are eligible only for dialysis and related services.
72	Full	No	133 Percent Program. Child-United States Citizen, Permanent Resident Alien/PRUCOL Alien (FFP). Provides full Medi-Cal benefits to children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the federal poverty level.
73	Restricted to parenteral hyperalimentation-related expenses	Y/N	Medi-Cal TPN Only Program/Medi-Cal TPN Supplement Program (Non-FFP). Covers persons of any age who are eligible for parenteral hyperalimentation and related services and persons of any age who are eligible under the Medically Needy or Medically Indigent Programs.
74	Restricted to emergency services	No	133 Percent Program (OBRA). Child Undocumented/ Nonimmigrant Alien (but otherwise eligible) (FFP). Provides emergency services only for children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the federal poverty level.
75	Restricted to pregnancy-related services	No	Asset Waiver Program (Pregnant). Provides family planning, pregnancy-related, and postpartum services for amnesty aliens under the state-only funded expansion of the Medi-Cal program for a pregnant woman having income between 185 percent and 200 percent of the federal poverty level (State-Only Program).
76	Restricted to 60-day postpartum services	No	60-Day Postpartum Program (FFP). Provides Medi-Cal at no SOC to women who, while pregnant, were eligible for, applied for, and received Medi-Cal benefits. They may continue to be eligible for all postpartum services and family planning. This coverage begins on the last day of pregnancy and ends the last day of the month in which the 60th day occurs.

Code	Benefits	SOC	Program/Description
79	Full	No	Asset Waiver Program (Infant). Provides full Medi-Cal benefits to infants up to 1 year, and beyond 1 year when inpatient status, which began before 1st birthday, continues and family income is between 185 percent and 200 percent of the federal poverty level (State-Only Program).
8F	CMSP services only (companion aid code)	Y/N	CMSP Companion Aid Code. Covers persons eligible for certain benefits under the Medi-Cal Program and other benefits under CMSP. 8F is used in conjunction with Medi-Cal aid codes 52, 53 and 57 to facilitate the payment of claims for covered benefits. 8F will appear as a special aid code and will entitle the eligible client to full-scope CMSP coverage for those services not covered by Medi-Cal.
8G	Full	No	Qualified Severely Impaired Working Individual Program Aid Code. Allows recipients of the Qualified Severely Impaired Working Individual Program to continue their Medi-Cal eligibility.
8H	Family P.A.C.T. (SOFP services only) No Medi-Cal	N/A	Family P.A.C.T. (also known as SOFP – State Only Family Planning). Comprehensive family planning services for low income residents of California with no other source of health care coverage.
8N	Restricted to emergency services	No	133 Percent Program (OBRA). Child Undocumented/Nonimmigrant Alien (but otherwise eligible except for excess property) (FFP). Provides emergency services only for children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the federal poverty level.
8P	Full	No	133 Percent Program. Child – United States Citizen (with excess property), Permanent Resident Alien/PRUCOL Alien (FFP). Provides full-scope Medi-Cal benefits to children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the federal poverty level.
8R	Full	No	100 Percent Program. Child (FFP) – United States Citizen (with excess property), Lawful Permanent Resident/PRUCOL/(IRCA Amnesty Alien [ABD or Under 18]). Provides full-scope benefits to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level.
8T	Restricted to pregnancy and emergency services	No	100 Percent Program. Child – Undocumented/Nonimmigrant Status/(IRCA Amnesty Alien [with excess property]). Covers emergency and pregnancy-related services only to otherwise eligible children ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level.
80	Restricted to Medicare expenses	No	Qualified Medicare Beneficiary (QMB). Provides payment of Medicare Part A premium and Part A and B coinsurance and deductibles for eligible low income aged, blind, or disabled individuals.

Code	Benefits	SOC	Program/Description
81	Full	Y/N	MI-Adults Aid Paid Pending (Non-FFP). Aid Paid Pending for persons over 21 but under 65, with or without SOC.
82	Full	No	MI-Person (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medical indigence. Covers persons until the age of 22 who were in an institution for mental disease before age 21. Persons may continue to be eligible under aid code 82 until age 22 if they have filed for a State hearing.
83	Full	Yes	MI-Person SOC (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent.
84	CMSP services only (no Medi-Cal)	No	CMSP, MI-A (Non-FFP). Covers medically indigent adults aged 21 and over but under 65 years who meet the eligibility requirements of medically indigent.
85	CMSP services only (no Medi-Cal)	Yes	CMSP, MI-A (Non-FFP). Covers medically indigent adults aged 21 and over but under 65 years, who meet the eligibility requirements of medically indigent.
86	Full	No	MI-Confirmed Pregnancy (FFP). Covers persons aged 21 years or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent.
87	Full	Yes	MI-Confirmed Pregnancy (FFP). Covers persons aged 21 or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent but are not eligible for 185 percent/200 percent or the MN programs.
88	CMSP services only (no Medi-Cal)	No	CMSP, MI-A/Disability Pending (Non-FFP). Covers medically indigent adults aged 21 and over but under 65 years who meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application.
89	CMSP services only (no Medi-Cal)	Yes	CMSP, MI-A/Disability Pending (Non-FFP). Covers medically indigent adults aged 21 and over but under 65 years who meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application.
9A	BCEDP only	No	The Breast Cancer Early Detection Program (BCEDP) recipient identifier. BCEDP offers benefits to uninsured and underinsured women, 40 years and older, whose household income is at or below 200 percent of the federal poverty level. BCEDP offers reimbursement for screening, diagnostic and case management services. Please note: BCEDP and Medi-Cal are separate programs, but BCEDP is using the Medi-Cal billing process (with few exceptions).
9H	HF services only (no Medi-Cal)	No	The Healthy Families (HF) Program provides a comprehensive health insurance plan for uninsured children from 1 to 19 years of age whose family's income is at or below 200 percent of the federal poverty level. HF covers medical, dental and vision services to enrolled children.

Special Indicators: These indicators, which appear in the aid code portion of the county ID number, help Medi-Cal identify the following:

IE – Ineligible: A person who is ineligible for Medi-Cal benefits in the case. An IE person may only use medical expenses to meet the SOC for other family members associated within the same case. Upon certification of the SOC, the IE individual is not eligible for Medi-Cal benefits in this case. An IE person may be eligible for Medi-Cal benefits in another case where the person is not identified as IE.

RR – Responsible Relative – An RR is allowed to use medical expenses to meet the SOC for other family members for whom he/she is responsible. Upon certification of the SOC, an RR individual is not eligible for Medi-Cal benefits in this Medi-Cal Budget Unit (MBU). The individual may be eligible for Medi-Cal benefits in another MBU where the person is not identified as RR.

APPENDIX C

**SELECTED MEDICAL CARE STATISTICS REPORTS,
SELECTED MEDICAL CARE STATISTICS REPORTS
AVAILABLE ON DISKETTE, AND PUBLICATION ORDER FORM**

SELECTED MEDICAL CARE STATISTICS REPORTS

	<u>Cost</u>
Catalog of Medical Care Statistics Section Publications	Free
Advance Report - County Data, California's Medical Assistance Program, Medi-Cal Program, Calendar Year 1999	\$10.00
California's Medical Assistance Program Annual Statistical Report, Medi-Cal Program, Calendar Year 1999	\$18.00
Managed Care Annual Statistical Report for 2000	\$15.00
Medi-Cal County Program Monthly Averages, Fiscal Year	\$4.00
Medi-Cal Expenditures For Drugs Commonly Used in the Treatment of AIDS January-March 1998	\$4.00
Medi-Cal Expenditures on Behalf of HIV -Infected Beneficiaries, July 1994-December 1996	\$5.00
Medi-Cal Funded Deliveries, Calendar Year	\$6.00
Medi-Cal Funded Induced Abortions, Calendar Year	\$6.00
Medi-Cal Program Highlights, Calendar Year	\$5.00
Medi-Cal Short Paid Claims Documentation, June 1998	\$5.00
Persons Certified Eligible for Medi-Cal, Monthly	\$4.00
Semi-Annual AIDS Related Expenditures Report	\$4.00

The data presented in these reports make up only a portion of the Medi-Cal information available. Special tabulations and electronic data files can be provided for a cost, upon request.

Copies of all Medical Care Statistics Section Reports are available in State Depository Libraries, which include large university, college, county, and city libraries.

SELECTED MEDICAL CARE STATISTICS REPORTS AVAILABLE ON DISKETTE/CD-ROM

	<u>Cost</u>
Advanced Report - County Data, California's Medical Assistance Program, Calendar Year 1999, Medi-Cal Program	\$10.00
California's Medical Assistance Program Annual Statistical Report, Medi-Cal Program, Calendar Years 1994, 1995 & 1996.....	\$20.00
Counts of Medi-Cal Eligibles by County, and Month CY 93-98	\$10.00
Cumulative Certified CID Monthly Eligibles Report.....	\$15.00
Managed Care Annual Statistical Report for 2000	\$15.00
Medi-Cal Eligibility Profiles by County.....	\$15.00
Medi-Cal Eligibles By County, Plan Number, Zip Code and Mandatory Aid Category.....	\$10.00
Medi-Cal Eligibles by County/Zip Code Listing	\$10.00
Medi-Cal Eligibles File Extract (CD-ROM)	\$100.00
Medi-Cal Fee-For-Service Month of Payment Report (CD-ROM)	\$100.00
Medi-Cal Funded Deliveries, 1994, 1995 & 1996	\$10.00
Medi-Cal Funded Induced Abortions, 1994, 1995 & 1996	\$10.00
Medi-Cal Providers File Extract (CD-ROM).....	\$100.00
Month of Payment Summaries by County/Statewide for 1995, 1996 and 1998	\$20.00

Please Note: Tables are in Excel 4.0 format. Text is in Word format.

The data presented make up only a portion of the Medi-Cal information available on diskette. Special tabulations and electronic data files can be provided for a cost, upon request.

You can find our web page at:

<http://www.dhs.ca.gov/MCSS>

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Medical Care Statistics Section
714 P Street, Room 1750
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				\$

(Payment must accompany order) **TOTAL \$**_____

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